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COVER LETTER

TO: Registration of the Division of	on Section Corporations		, ,	
SUBJECT: HA	PPY RENTALS GRE Name of Limit	ATER SARASOTA led Liability Company	UC	
The enclosed Article	es of Amendment and fee(s) are subn	nitted for filing.		
Please return all cor	respondence concerning this matter to	o the following:		
	krist	Name of Person	<u>E</u>	
	HAPPY	RENTALL GREATE Firm/Company	ER JARAIOTA LLC	
	6518	LINCOLN RD Address		
	BRADE	City/State and Zip Code	3	
	RRISTICY E-mail address: (to	ovanhe yahoe. Con	fication)	
For further informat	ion concerning this matter, please cal	II:	87.085 87.087 88.107 88.107 88.107	COMMON TO SERVICE OF THE PERSON OF THE PERSO
KRIST Ne	IEN VAN HECKE	at (<u>941)</u> <u>7516</u> Area Code Daytime	791 To the Telephone Number To	
Enclosed is a check	for the following amount:		J.	
□ \$25.00 Filing Fe	se \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY RENTALS (Name of the Limited Liab (A Flor	OVE ATE A bility Company as rida Limited Liabili	it now appears on o	A LCC our records.)	-1.	
The Articles of Organization for this Limited Liability Florida document number <u>L 14 0000 80 937</u>	y Company were	filed on MAY	19,2014	and assi	igned
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liability o	company here:			
The new name must be distinguishable and end with the words "	'Limited Liability C	Company," the design	nation "LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:			100	_	
(Principal office address MUST BE A STREET AD)	DRESS)		51., E8 E8	2 <u>8</u> 14 ×56	CARREL CARRE
Enter new mailing address, if applicable:				<u>ာ</u> ဗ	r care
(Mailing address MAY BE A POST OFFICE BOX)	<i>-</i>		[] (m) = (m) = (m) = (m)	U FF	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office ddress here:	address on our	records, enter the	ပြ name d	of the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida str	eet address		
	<u> </u>	<u></u> -	, Florida		
	(City	Z	ip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

AMBR DWIGHT LEE PLYMALE 6528 LINCAN RD BRADENTIAN FZ 34203	Ype of Action Add Remove
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II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(The effe	ve date, if other than the date of filing:
Dated	4111 4 30 9-14
	Jucy 30 . 2014
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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