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(Re	questor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

Division of Corp	porations		
SUBJECT: Ha	PPY HUMANO! Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspon	ndence concerning this matter	to the following:	
	MILES	Keever Name of Person	
		Firm/Company	
	960 Sta	rkey Rd Apt.	3306
	Largo, F	City/State and Zip Code	
	Miles Ker E-mail address: (1	EVER @ VAhoo. Cor to be used for future annual report notifi	r\ ication)
For further information co	oncerning this matter, please ca		
MILES K	Person	at (407) 405. Area Code Daytime	3598 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$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

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

TO ARTICLES OF ORGANIZATION OF

Happy Humanolds (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Jan, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	960 Starkey Pd Apt. 3306 Largo, Fl. 33771
(Principal office address MUST BE A STREET ADDRESS)	Largo, Fl! 33771
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	960 Starkey Rd Apt. 3304 Largo, Fl. 33771
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 960	Starkey Rd. Apt. 3306 Enter Florida street address Florida 337771
Large	City Florida 3374
New Registered Agent's Signature, if changing Registered Agent:	SS - 9
I hereby accept the appointment as registered agent and agre	ee 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edith Paul	960 Starkey Rd. Apt 3306	Add
		960 Starkey Rd. Apt 3306 Largo, FC 33771	□ Remove
			Change
			Add
			Remove
			□ Change
			🗆 Add
			Remove
			Change
			□ Add
			□ E-move
			Change PH
			Ad Ad
		☐ Remove	
			Change
			Add
			□ Remove
			☐ Change

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EIN Number 47-2677736	jë d Os	PH 1: 26
Sective date, if other than the date of filing: 12/7/15 (optional neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date date in the Department of State's records.	ing.) Pursuant to ate will not be	listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.		

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Filing Fee: \$25.00