L15000006964

(Red	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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15 JUN 22 PH 3: 28

FILED 15 JUN 22 AM 10: 40

COVER LETTER

TO:				
OFTE		UNCE, LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspor	ndence concerning this matter	to the following:	
		Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arn all correspondence concerning this matter to the following: ADRIANA SANCHEZ Name of Person HAPPY BOUNCE, LLC Firm/Company 2937 SE 15TH TERR Address HOMESTEAD, FL, 33035 City/State and Zip Code ADRIANA.SANCHEZ2423@GMAIL.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: A SANCHEZ Name of Person Name of Person Daytime Telephone Number s a check for the following amount:		
			Name of Person	
		HAPPY BOUNCE, LLC		
			Firm/Company	
		2937 SE 15TH TERR		
			Address	
		HOMESTEAD, FL, 33035	;	
			City/State and Zip Code	
			•	
		E-mail address: (1	to be used for future annual report notifi	cation)
For fi	urther information co	ncerning this matter, please ca	all:	
ADR	IANA SANCHEZ			
	Name of	Person		Telephone Number
Enclo	osed is a check for the	e following amount:		
□ \$	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2015

ADRIANA SANCHEZ 2937 SE 15TH TERR HOMESTEAD, FL 33035

SUBJECT: HAPPY BOUNCE, LLC Ref. Number: L15000006964

We have received your document for HAPPY BOUNCE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Name of company is missing in Articles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00012339

15 JUN 22 AM 10: 40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Articles of Organization for this Limited Liability Company		
te Articles of Organization for this Elimited Elabority Company	were filed on	and assigned
orida document number L15000006964		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
SAP CAR WASH, LLC		
e new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2937 SE 15TH TERR	
Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL, 33035	25 5
		22 SSE
nter new mailing address, if applicable:	2937 SE 15TH TERR	
Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL, 33035	
		ड्रेन र्ड

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	GENSY G.FAJARDO	2937 SE 15TH TERR	■ Add
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			Change
			☐ Remove
			☐ Change
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effective date i	if other than the date is listed, the date must be s	pecific and cannot l	be prior to date of fi	iling or more than 9	 (optiona l 0 days after filin	g.) Pursuant to	605.020
: If the date	inserted in this block detive date on the Departs	loes not meet the	applicable statut	ory filing require	ments, this dat	e will not be	listed a
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ecord spec	cifies a delayed effo	ective date h	out not an offe	octive time at	12:01 a m	on the es	rline (
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	Signa	iture of a member	or authorized depre	sentative of a mem	ber	AM IO:	\bigcirc

Page 3 of 3

Filing Fee: \$25.00