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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

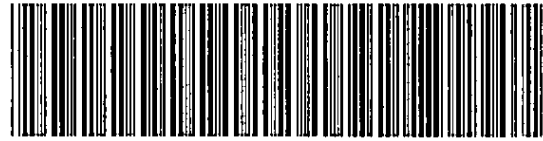
(Document Number)

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01/26/23--01006--022 **35.00

2023 APR 13 AM 10:01
Filing Office
13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oil/54404, LLC
Name of Limited Liability Company

(This is the old name)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Luehrs
Name of Person

P.O. Box 341
Firm/Company
Address

Intercession City, FL 33848
City/State and Zip Code

luehrsmarylyn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter please call:

Marilyn Luehrs at 952 239-9193
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Already
pd. #35

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 APR 13 AM 10:04

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Oils4You, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-11-15 and assigned
Florida document number L15000083033

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Start Happy, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: same

(Principal office address MUST BE A STREET ADDRESS)

5441 OSCOLA AVE
INTERCESSION CITY, FL
33848

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same P.O. Box 341
INTERCESSION CITY, FL
33848

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

same
Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 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

same

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 APR 3 10:00
Add
Remove
Change

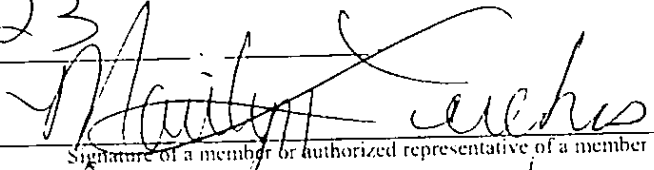
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[This section contains horizontal lines for amendments, which have been crossed out with a large 'X'. A vertical stamp on the right side of this section reads:]

2023 APR 13 AM 10:01
RECEIVED
SECRET

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 4-5-23


Signature of a member or authorized representative of a member
Marilyn Luchers

Typed or printed name of signee

Filing Fee: \$25.00