

**L15000101012**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

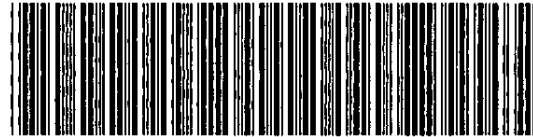
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

**S Warren**

**APR 04 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: The happy clown LLC  
Name of Limited Liability Company

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

**Please return all correspondence concerning this matter to the following:**

Mano G Maniera  
Name of Person

the happy clown LLC  
Firm/Company

3535 NE 2nd Ave  
Address

Miami FL 33137

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Mano G Maniera at (786) 247-9792  
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)

**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

The happy Clown LLC

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SECRETARY OF  
STATE  
FLORIDA  
Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

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☐ Change  
☒ Add  
☐ Remove  
☐ Change  
 0110 PM - P 10  
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 TALLAHASSEE, FLORIDA

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

We just need to remove Maria D. Miguez  
from the LLC. That's the only change.

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 \_\_\_\_\_

Signature of a member or authorized representative of a member

Maria G. Maniera

Typed or printed name of signee

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SECRETARY OF STATE  
TREASURY FLORIDA