

**L15000103548**

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

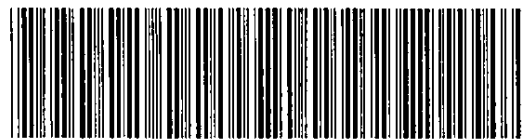
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 20 PM 1:40  
17  
JUN 20 2017

D. SCOTT  
JUN 22 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Happy Domik, 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:

*Natalya*

~~Natalya~~ Halprin

Name of Person

Happy Domik, LLC

Firm/Company

2709 Skimmer Point Way S

Address

Gulfport, FL 33707

City/State and Zip Code

natalya1234@aol.com

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

For further information concerning this matter, please call:

*Natalya*

~~Natalya~~ Halprin

727 481-6363

at ( )

Name of Person

Area Code

Daytime Telephone Number

FILED  
JUN 30 11 55  
TALLAHASSEE, FL

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Happy Domik, 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 June 15, 2015 and assigned  
Florida document number L15000103548.

This amendment is submitted to amend the following:

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

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:

2709 Skimmer Point Way S.

**(Principal office address MUST BE A STREET ADDRESS)**

Gulfport, FL 33707

Enter new mailing address, if applicable:

2709 Skimmer Point Way S.

**(Mailing address MAY BE A POST OFFICE BOX)**

Gulfport, FL 33707

**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:**

Name of New Registered Agent:

Natalya Halprin

New Registered Office Address:

2709 Skimmer Point Way S.

*Enter Florida street address*

Gulfport

Florida 33707

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vera Davis	288 Beach Dr. NE 12B	<input type="checkbox"/> Add
		St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natalya Halprin	6673 11th Avenue N.	<input type="checkbox"/> Add
		St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	<i>Natalya</i> <i>N.H.H.</i> <del>Natalia</del> Halprin	2709 Skimmer Point Way S.	<input checked="" type="checkbox"/> Add
		Gulfport, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

6/11/17 Dated July 1 June 9th 2017

Typed or printed name of signee