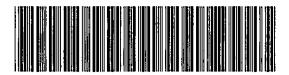
## 15000138653

(Re	questor's Name)	•
(Ad	dress)	
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. (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of C	Corporations
HAPPY SUBJECT:	CORNER ACADEMY, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	VEDRANA CAJIC
	Name of Person
	HAPPY CORNER ACADEMY, LLC
	Firm/Company
	2201 CURTIS DRIVE SOUTH
	Address
	CLEARWATER, FL 33764
	City/State and Zip Code VEDRANACAJIC@HAPPYCORNERACADEMY.COM
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
VEDRANA CAJIC	727 253-4329 at ( )
Nan	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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 CORNER ACADEMY, LLC	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Company)	y appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number L15000138653	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	SECRETARY OF STATEMENT THE NEW YORK OF STATEMENT OF STATE
Name of New Registered Agent:  New Registered Office Address:	
	nter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	DENIS CAJIC	1349 WILLIAMS DRIVE	■ Add
		CLEARWATER, FL 33764	□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
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fective date, if other than the date in effective date is listed, the date must be stee:  If the date inserted in this block current's effective date on the Department.	specific and cannot be prior to date of filing or more than 9 does not meet the applicable statutory filing require	ements, this date will not	t to 605.0207 ( be listed as t
record specifies a delayed eff The 90th day after the record	fective date, but not an effective time, at is filed.	t 12:01 a.m. on the	earlier of:
JUNE 6TH	2017		4 100
194	ne	ALLA	SECREJE Secreje
Sign	nature of a member or authorized representative of a mem	iber 3	ا حزر
VEDRANA CAJIC		i.i.	<u> </u>
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	Typed or printed name of signee	רכא	3: 48 STATE

Page 3 of 3

Filing Fee: \$25.00