46000033117

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		OPPING LLC			
Name of Limited Liability Company					
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		DAVID DEULOFEU			
			Name of Person		
		HAPPY SHOPPING LLC			
			Firm/Company		
		26 LAS PALMAS WAY			
			Address		
		KISSIMMEE FL 34743			
			City/State and Zip Code		
		davideulo2@yahoo.com		 	
			to be used for future annual report notifical	non)	
For further in	formation co	ncerning this matter, please ca	all:		
DAVID DE	ULOFEU		407 460-4499 at ()	n. a	
	Name of	Person		elephone Number 2	_
Enclosed is a	check for the	following amount:		SSS -	
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy) is enclosed)	

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

TO:

Registration Section

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 SHOPPING LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L16000033117	y Company were filed on 02/17/2016	and assigned
This amendment is submitted to amend the following	Ţ.	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or re	ir.	Ferthe Tame of the
egistered agent and/or the new registered office a		I I I I
Name of New Registered Agent:		T 0 0
New Registered Office Address:	Enter Florida street address	1: 42
	, Florida	
	City , Fiorita	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>	Address	Type of Action
MGR	LORAINE OJEDA	26 LAS PALMAS WAY	
		KISSIMMEE FL 34743	<u></u> ■ Remove
			Change
MGR	MARGIS ADAN	26 LAS PALMAS WAY	Add
		KISSIMMEE FL 34743	■ Remove
			Change
			☐ Add
	,		□ Remove
			Change
			
			ALLAHAY Change
			□ Change
			Add
			□ Remove
			Change

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fective date, if other than the	date of filing:)5/13/2016		(ont	ional) 🚤	
on effective date is listed, the date must ote: If the date inserted in this blo	t be specific and can	not be prior to de	te of filing or more	than 90 days after	filing.) Pursuant	to 605,02
ocument's effective date on the De	partment of State	's records.	statutory ming t	equirements, in	E E	oe nseen
				,	16	
record specifies a delayed	effective date	e, but not ar	effective tim	ne, at 12:01	annon the	earlier
The 90th day after the reco	ord is filed.				7.00	
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ated MAT 12,	7				72	
1/	1 /	11				
X and	XX, lek		/ `_			
- Lavid	Signature of a mem	ber or authorized	d representative of	a member		

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Filing Fee: \$25.00