

L160000033117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

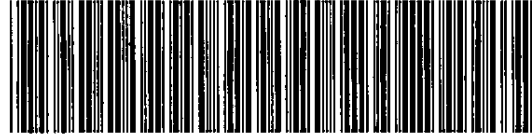
(Business Entity Name)

(Document Number)

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2016 MAY 16 P 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAPPY SHOPPING 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:

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

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

For further information concerning this matter, please call:

DAVID DEULOFEU

407 460-4499
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2016 MAY 16 PM 1:02
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TALLAHASSEE
SECRETARY OF STATE

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	LORAIN OJEDA	26 LAS PALMAS WAY	<input type="checkbox"/> Add
		KISSIMMEE FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARGIS ADAN	26 LAS PALMAS WAY	<input type="checkbox"/> Add
		KISSIMMEE FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 05/13/2016 (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 used 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 MAY 12, 25016

Signature of a member or a

DAVID DEULOFEU

Typed or printed name of signee

FILED

MAY 16 1968

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

RECEIVED MAY 16 1968

ADVISORIAL BOARD ON THE EARLIER

PHASESSE-FLORIDA

(ional)
ing.) Pursuant to 605.02
is date will not be listed