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COVER LETTER

Division of Corporations
SUBJECT: Happily Ever After Parties & More Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Happily Ever After Parties & More LLC Firm/Company
Firm/Company
Address Tampe FC 33615 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Colleen Oviedo at (813) 397 7/72 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$\sum \\$30 Filing Fee & \$\sum \\$55 Filing Fee & \$\sum \\$60 Filing Fee, Certificate of Status \$\sum \\$Certified Copy \$\sum \\$Certified Copy

TO: Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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: (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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Citv

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
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