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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

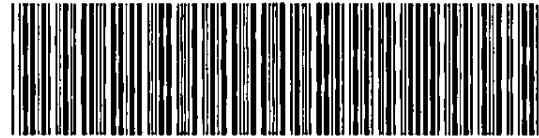
(Business Entity Name)

(Document Number)

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AUG 12 2019
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 AUG -6 AM 7:36

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Total Health and Happiness 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:

Malia Smiley
Name of Person

Firm/Company

2223 Lynn Court
Address

Dunedin, FL 34698
City/State and Zip Code

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

For further information concerning this matter, please call:

Malia Smiley at (727) 692-1601
Name of Person Area Code Daytime Telephone Number

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

FILED
19 AUG - 6 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Total Health and Happiness, 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 10/11/2016 and assigned
Florida document number L16000188211.

This amendment is submitted to amend the following:

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

Expansive Growth LLC
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: 2223 Lynn Ct.
Dunedin, FL 34698
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 2223 Lynn Ct.
Dunedin, FL 34698
(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: Malia Smiley

New Registered Office Address: 2223 Lynn Ct.
Enter Florida street address

Dunedin Florida 34698
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.

Malia Smiley
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	Malia Smiley	2223 Lynn Court	<input checked="" type="checkbox"/> Add
		Dunedin, FL 34698	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scott Smiley	1428 Regal Rd	<input type="checkbox"/> Add
		Clearwater, FL 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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