## L16000 210 408

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to 1 ming smeet.





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## **COVER LETTER**

Division of Co	rporations		
	gether Charters, LLC		
Songicer,		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lennie F. Smith		
	<del> </del>	Name of Person	<del></del>
	138 N Swinton Ave	Firm/Company	<del></del>
	Delray Beach, FL 33483	Address	
	lsmith@lfstylchomes.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Lennic F. Smith		561 2395453 au ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

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

Happy Together Charters, LLC						
(Name of the Limited Liabil (A Florid	ity Company as it no a Limited Liability C	ow appears on ompany)	our resorts.)	22 ,	 Д  й дь	
The Articles of Organization for this Limited Liability C Florida document number L1600021`0408	Company were fil	ed on	016 SECRETA	ARY OF SSEE.	and assigned FLORIDA	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability con	pany here:				
Happy Together Tender, LLC						
The new name must be distinguishable and contain the words "Lin	nited Liability Compa	my," the designa	ation "LLC" or the	: abbrevia	tion "L.L.C."	<del></del>
Enter new principal offices address, if applicable:						
		<del></del>	<del></del>			—
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>	<u> </u>				—
	<del></del>				<del></del> .	
Enter new mailing address, if applicable:	<del>-</del>	<del></del>				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or regis		iress on our	records, ente	er the i	name of the	<u>2 196</u>
registered agent and/or the new registered office add	ress nere:					
Name of New Registered Agent:		· -				
New Registered Office Address:						
		Enter Florida sti	reet address			
			, Florida			
	City			Ziŗ	o Code	_
New Registered Agent's Signature, if changing Registered	d Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and coaccept the obligations of my position as registered agbeing filed to merely reflect a change in the registere	omplete perform gent as provided	ance of my d for in Chapt	luties, and I an er 605, F.S. O	n famili F, if this	ar with and s document i	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
<del></del>			Add
			☐ Remove
			Change
			Add
			Remove
			Change
<del></del> -			
			□ Remove
			Change
	·		Add
			□ Remove
			Change
			Add
		<del></del>	□ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
12 <b>12 55</b>	alian dien if alban aban aban dien gewin
(If an c <u>Note</u> :	tive date, if other than the date of filing:  (optional)  flective 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
£ 44 -	
b) The	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e 90th day after the record is filed.
	$al_{1} \leq l_{1} \leq a$
Dated	1/15/19

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Typed or printed name of signee

Filing Fee: \$25.00