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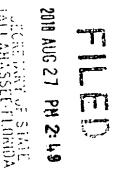
	(Requestor's Name)
	(Address)
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PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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Office Use Only



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## **COVER LETTER**

	tration Section on of Corporations		
SUBJECT: _	Happy Live	hited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are sub	mitted for filing.	
Please return al	I correspondence concerning this matter	to the following:	
	Tracy	Name of Person	<del></del>
	Honey C	Firm/Company	<u>Concessions</u> , LLC
	3138 Sa	ng segges	<u> </u>
	townsol	City/State and Zip Code	A AUG 27
	Cookin 3139 E-mail address: (	to be used for future annual report notificat	ion) 627
For further info	rmation concerning this matter, please co	ali:	2
Trace	Vame of Person	at (727) 415 ~ \( \text{Area Code} \) Daytime Te	1680 Ephone Number
Enclosed is a ch	neck for the following amount:		
8/15	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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns
	· · · · · · · · · · · · · · · · · · ·	2001 EXECUTIVE CELIEL	CHUIC

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mame of the Limited Li	ability Campany as it now appears on orda Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili	· . · · ———	and assign	ned
Florida document number \_\7000\85			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the  Honey Bee Bba &  The new name must be distinguishable and contain the words	Concessions		
Enter new principal offices address, if applicable			<u>~</u> >
(Principal office address MUST BE A STREET AL	ODRESS)		= ===
		AZC AEC	
	<del></del>	<u>ار</u> اري	N P==
Enter new mailing address, if applicable:		SEC.	_ F
(Mailing address MAY BE A POST OFFICE BOX	<u></u> -		<u> </u>
(Muning dances MAT DE ATOM, OF FICE BOX			- <u> </u>
	<del> </del>	<del></del>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office:		r records, <u>enter the name of</u>	the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida s	treet address	<del>-</del> .
		, Florida	
_	City	Zip Code	<del></del>

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 = M AMBR = A	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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Page 3 of 3

Filing Fee: \$25.00