

L17000131720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK HARRY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY DREAM FAMILY, 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:

Name of Person
Semago Investment, Inc.
Firm/Company
4901 Vineland rd, Ste 270
Address
Orlando, FL 32811
City/State and Zip Code
gs@semago.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2017 JUL 18 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maggie Santora at (407) 903-0134
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

NO\$

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Happy Dream Family LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 AUG -3 AM 11:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 16, 2017 and assigned
Florida document number L17000131720

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

City, Florida, 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.

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

Title	Name	Address	Type of Action
MGR	Thais Da Paz Ribeiro Chaar	Rua Nossa Senhora de Lourdes, 151	<input checked="" type="checkbox"/> Add
		Sao Francisco- Niteroi- RJ Brasil C	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	UP CUSTOMER FAMILY UCF, INC	HUNKINS WATERFRONT PLAZA, STE	<input type="checkbox"/> Add
		556, MAIN ST, CHARLESTOWN,	<input checked="" type="checkbox"/> Remove
		ISLAND OF NEVIS, NE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2011 AUG -3 AM 11:32
CLARK ST
PLUM
STATION

2007 AUG
SECRETARY OF
MALLATIA SEC. FLORIS

FILED
2011 AUG -3 AM 11:32
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 13, 2017

Signature of a member or authorized representative of a member

Christian Caetano Chaar

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2017

SEMAGO INVESTMENT, INC.
4901 VINELAND RD, STE. 270
ORLANDO, FL 32811

SUBJECT: HAPPY DREAM FAMILY , LLC
Ref. Number: L17000131720

We have received your document for HAPPY DREAM FAMILY , LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 317A00014851