Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Phone

; (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAPPY COLORS, LLC

Certificate of Status 0 Certified Copy 1 06Page Count \$55.00 Estimated Charge

> K. SALV JUL 2 0 2017

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Corporate Filing Menu

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TO:

Registration Section

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Нарру Сок			
SUBJECT		Name of Limi	Name of Person Firm/Company th Floor Address City/State and Zip Code (to be used for future annual report potification)	
The enclosed	Articles of A	emendment and fee(s) are sub-	nisted for filing.	
Please return	all correspon	dence concerning this matter t	a the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11th	ı Floor	
			Address	
		Glendale, CA 91203		
		· -	City/State and Zip Code	
		zobraun@me.com		
				canon)
For further in	nformation co	ncerning this matter, please ca	di:	
Cheyenne Moseley			800 773-0888 ex	t. 9724
· ·	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is a	ceheck for the	following amount:		
□ \$25.00 F	Aling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT $\mathbf{10}$ ARTICLES OF ORGANIZATION OF

2017 JUL 25 AM 9: 44

STEAR OF STATE
ORIGINAL

Happy Colors, LLC		$m_{1}Q_{s}$	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records, (aability Company)	,	
The Articles of Organization for this Limited Liability Company Horida document number £17000131885	were filed on 06/16/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	odity Company," the designation "LLC"	or the abbreviation "f.,L.C."	
Enter new principal offices address, if applicable:	1621 Bay Road Apt 1007		
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, Florida 33139		
Enter new mailing address, if applicable:	1621 Bay Road Apt 1007		
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, Florida 33139		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Entur Florida street addrass		
		ida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:						
MGR = Manager AMBR = Authorized Member						
<u>'itle</u>	<u>Name</u>	Address	Type of Action			
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			□ Remove			

Page 2 of 3

ii amendin	g any other morn			ditional sheets, if necessary.)	
~_ -				(antiquet)	-
(The effective the date this	ate, if other than the date must be specific, or document is filed by the	he date of hung: unnot be prior to date of rec Florida Department of Sta	ceipt or filed date and conte	(optional) not be more than 90 days after	
Dated	Lyw D	· 2 <u>017</u>	? 1	_	
_		Signature of a member	r ar number cut to present	ative of a member	
			Laurent Braun		

Page 3 of 3

Filing Fee: \$25.00

