## 417000153830

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DIVISION OF CORPORATIONS

R. HUNT 03/08/23

## **COVER LETTER**

TO: · Registration Se Division of Cor			
BE HAPPY	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CARLOS M. MACHADO	). ESQ.	2023
		Name of Person	MAR
	CARLOS M. MACHADO	), P.A.	ಸ 8
		Firm/Company	
	1200 BRICKELL AVENU	JE. SUITE 950	PH 12: 40
		Address	<del></del>
	MIAMI, FLORIDA 33131	1	
		City/State and Zip Code	
	CMACHADO@SMGQLA		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
CARLOS M. MACHAD	OO, ESQ.	305 377-1000 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

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2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BE HAPPY, 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 7/18/17 Florida document number  $\frac{1.17000153830}{1.17000153830}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BE HAPPY 1616, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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: CARLOS M. MACHADO, P.A. Name of New Registered Agent: 1200 BRICKELL AVENUE, SUITE 950 New Registered Office Address: Enter Florida street address MIAMI

## 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

<u>Title</u>	Name	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
			□Add <b></b>
			2023 DRAR
			□CMmge Constraint of the property of the prop
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Effective date, if other than the date of filing:  (If an effective 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 603.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the cord is filed.  Dated    CARLOS M. MACHADO, ESO.		
Effective date, if other than the date of filing:		
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Dated Land 3 . 2003 . Signature of a member of authorized representative of a member	Note: If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Signature of a member or authorized representative of a member		
C.	Dated	March 3 . 2003.
CARLOS M. MACHADO, ESQ.		Signature of a member or authorized representative of a member
		CARLOS M. MACHADO, ESQ.

Filing Fee: \$25.00

will not accept cashier's checks of any kind. We cannot accept personal checks, as Florida law requires us to receive "CLEARED FUNDS" prior to funding.

CONFIDENTIALITY NOTE: The information contained in this transmission may be privileged and confidential information, and is intended only for the use of the individual(s) or entity(ies) named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please immediately reply to the sender that you have received this communication in error and then delete it. Thank you.

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DIVISION OF CORPORATIONS

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