AUG - 1 --- 3

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000295241 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAPPY TAX MULTI SERVICE LLC =

Account Number : I20190000101

: (305)904-7224 Phone

Fax Number : (305)513-5827

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

Email Address: happytoxmultiservice@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG **RESIGN**

AMOR FENCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMOR FENCE, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 10- Florida document number 1.17000208465	09/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company be	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d Enter new principal offices address, if applicable:	esignation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	76
(Mailing address MAY BE A POST OFFICE BOX)	<u>ਹੈ</u> ਹੋਂ :
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	. 1
Name of New Registered Agent:	52
New Registered Office Address: Enter Flo	rida street address
Cin	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, it 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

To: +18506176383 4200002952413

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
Secretary	MIRIAM VALIENTE	0920 SW 178 TERRA	□ Add
		MIAMI, FL 33157	≅Remove
			Change
	·····		DAdd □
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			Remove
			Change
			①Add
			□Remove
			☐ Change

	information, enter change(s) here: (Attach additional sheets, if necessary.)	
nertraden iim manne e a receivit e ti e bret		
		_
P		
A AN APPARE NAME OF THE OWNER, WHEN THE PARENT NAMED IN		
grammatic sector a first section		
,,,		_
Nate: If the date inserte	r than the date of filing:	605 020 listed .
e record specifies a delay id is filed	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of, (b). The 90th day is	ifier the
August 25 Dated	2020	
	My/Kellothy	
	Carlos Rodrigue J.	