L17000230757

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PICK-UP WAIT MAIL
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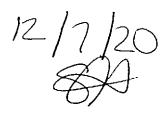




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COVER LETTER

TO:

Tallahassee, FL 32314

	ion Section of Corporations		•
CHID III COT	oy Sprinkler A1 LLC		
SUBJECT:	Name of L	Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are s	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	Patricia Barreto		
		Name of Person	
	Happy Sprinkler A1 LL	.C	
		Firm/Company	
	12000 SW 110th St Circ	cle South	
		Address	,
	Address Miami, FL 33186		
		City/State and Zip Code	
	happysprinkler@yahoo.c	com s; (to be used for future annual report not	10000
For further informa	ation concerning this matter, please		incation
frene S Salum, CP	A	305 663-6660 x	1489
1	Name of Person	at () Area Code Daytin	nc Telephone Number
Enclosed is a chect	k for the following amount:		
■ \$25.00 Filing	Fee S30.00 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 A		Street Address:	
-	tion Section of Corporations	Registration Se Division of Co.	
P.O. Box		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Sprinkler A1 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 November 7, 2017 and assigned Florida document number _____L17000230757 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. 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 igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR Patricia Barreto		12000 SW 110th St Circle South, Miami, FL 33186	\ Add		
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an effective d	te, if other th late is listed, the	date must be spe	cific and can	not be prior	to date of fil	ing or more	than 90 day	s after filin	g.) Pursuant	to 605,020
	date inserted in effective date o				ibie statuto	ry ming re	equirement	s, inis dai	e will not t	e usted as
	ifies a delayed	effective date,	but not an o	effective ti	me, at 12:0	1 a.m. on	the earlier	of: (b) 1	he 90th day	after the
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-	VIV	Signat	ure of a mem	ber or autho	rized repres	entative of	a member			- -

Filing Fee: \$25.00