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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Happy Curis Studio 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:
Happy CUMS STUDIO
500 NE Spanish river Blud
BOCA RATO F 33431  City/State and Zip Code  JOLEY 87 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 954 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recor	'ds.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 1800066142</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	33431	Spanish river
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14098 SU Port St Li	) Suring Stree Ucie #1 34987
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		`lorida
	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
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			□ Change

,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	,	
(If an effecti Note: If t	e date, if other than the date of filing:	
he record s ord is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this.	ie
Dated	May 16 2024	
	Signature of a member or authorized representative of a member	