## 118000077299

(Re	questor's Name)	
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## COVER LETTER

TO:	Registration Se Division of Cor			
ern i		nmy Happy Baby LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The ci	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Andrea Rodriguez		
			Name of Person	
		Hippie Momniy Happy Ba	by LLC	
			Firm/Company	
		1417 Aguacate Ct		
			Address	<del></del>
		Orlando FL 32837		
		andrealunarodriguez@outlo	City/State and Zip Code ok.com	
		E-mail address: (	to be used for future annual report notif	lication)
For fu	rther information co	oncerning this matter, please ca	all:	
Andre	a Rodriguez		321 246-8400	
<del></del>	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>8</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hippie Mommy Happy Baby LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L		were filed on March 26.	2018 and assigned
Florida document number L18000077299	<u> </u>		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1417 Aguacate Ct	
Principal office address MUST BE A STREI	ET ADDRESS)	Orlando FL 32837	SS C
		- <del>-</del>	Service M
•			
Enter new mailing address, if applicable:		1417 Aguacate Ct	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		Orlando FL 32837	(I) <sup>7-</sup>
3. If amending the registered agent and	/or registered o	ffice address on our r	records, enter the name of the
registered agent and/or the new registered o			
Name of New Registered Agent:	Andrea Rodrig		
New Registered Office Address:	1417 Aguacate		
<del></del>		Enter Florida stree	et address
	Orlando		Florida <u>32837</u>
		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, <u>Signature of New Registered Agent</u>

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>	<u>Address</u>	Type of Action
AMBR	Andrea Rodriguez	1417 Aguacate Ct	
			Add
		Orlando FL 32837	<b></b>
			□ Remove
			■ Change
MGR	William Moffitt	1417 Aguacate Ct	
		Orlando FL 32837	
			□ Remove
			☐ Change
			□ Add
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Typed or printed name of signee

Filing Fee: \$25.00