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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Division of C				
SUBJECT: "	Florida Lu	xury Homes, LLC.		
	Name of Lit	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Picase return all corres	pondence concerning this matter	to the following:		
		Alexander Bravo		
		Name of Person		
	Flor	ida Luxury Homes, LLC.		
		Firm/Company		
	529	0 Big Island Dr Ste 4412		
		Address		
	Ja	cksonville, FL 32246		
		City/State and Zip Code		 -:
		exbravo@me.com		.5
		to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		2
Alexande	r Bravo	at (904) 60	1-7750	79
Name	of Person	/ ``` \//	ne Telephone Number	- ၅. ကို ၁၈ ကို
Enclosed is a check for	the following amount:			70
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
MAL	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Luxury Homes, LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	May 07, 2018	and assigned
Florida document number	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company be	ere:	
Happy Agents, LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>		
			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			- المرابع - المرابع
(Mailing address MAY BE A POST OFFICE BOX)			3 1 1 N N N N N N N N N N N N N N N N N
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on ess here:	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	7. 0	<u> </u>	
	Enter Flor	ida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•		zap conc
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agabeing filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this c mplete performance of , ent as provided for in C l office address, I hereb	my duties, and I am fa hapter 605, F.S. Or, if y confirm that the limi	miliar with and this document is ted liability
	If Changing Registered Age	ent, <u>Signature of New Regi</u>	stered 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>	<u>Name</u>	Address	Type of Action
			
			Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			☐ Change
 			□ Add
			□ Remove
			☐ Change
			
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If 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 record is filed.
Dated December 17
Signature of a member or authorized representative of a member
Alexander Bravo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00