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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations HAPPY CAPE BOAT AND VILLA SERVICE LLC SUBJECT: 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: Alexandra Kleinfeldt, Esq. Name of Person Kleinfeldt Law Firm, PLLC Firm/Company 5237 Summerlin Commons Blvd., Suite 401 Address Fort Myers, Florida 33907 City/State and Zip Code talisa@happycape.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 239 888-4291 Alexandra Kleinfeldt, Esq. Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & **\$25.00** Filing Fee Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

t now appears on our records.) v Company)
filed on May 22, 2018 and assigned
ompany here:
npany," the designation "LLC" or the abbreviation "L.L.C."
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s on our records, enter the name of the new reg
Enter Florida street address
, Florida

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, Signature of New Registered 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>	<u>Address</u>	Type of Action
MGR	Joern Hanneke	5634 DEAUVILLE COURT	
			
		CAPE CORAL, FL33904	≣Remove
			Sixillore
			□Change
MGR	Daniela Hannecke	5634 DEAUVILLE COURT	
		CAPE CORAL, FL 33904	Remove
			= Remove
			□ Change
MGR	Heiko Sauer	1222 SE 47TH ST, UNIT 403	
			■ Add
		CAPE CORAL, FL 33904	
			□Remove
			□Change
MGR	Timur Guelec	1222 SE 47TH ST, UNIT 403	
			≣ Add
		CAPE CORAL, FL 33904	⊒Remove
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(If an effective Note: If	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
he record : 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 the
Dated _	09/03/2024 2024 Of Poblelic
	Signature of a member or authorized representative of a member
	dignature of a member of audiotzed representative of a member
	Talisa M. Piskulic