# L18000/49213

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# **COVER LETTER**

	egistration Sect vision of Corpo		•	•
SUBJECT	<u>be</u>	ach Happy 1	LLC ted Liability Company	
		•	. , .	
The enclose	ed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspond	lence concerning this matter t	to the following:	
		LeA	nn Nethern	
		Beau	ch Happy LLC	<del></del> -
		45 1	Redbud Lane	#112
		Ros	eman Beach,	7L 32461
		E-mail address: (to	LINING GMAIL o be used for future annual eport notific	L. COM
For further	information cor	cerning this matter, please ca	II:	
	LeAnn Name of F	Nethery	at ( <u>\$57</u> ) <u>276</u> Area Code Daytime T	2/27 Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	☐ \$30.00 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 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

Binch	h Happy, LIC	
(Name of the Limite	d Liability Company as it now appears of A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L1800014</u>	ability Company were filed on <u>8:0</u> 9213.	Nam June 18 and assigned 2018
This amendment is submitted to amend the follo	wing:	(
A. If amending name, enter the new name of LLANN New The new name must be distinguishable and contain the wo	ethery, LLC	Con Le T
Enter new principal offices address, if applica	able:	M W M
(Principal office address MUST BE A STREE)	T ADDRESS)	PA 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or the new registered of		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	-	, Florida
	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, 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
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			Change
			Add
			☐ Remove
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			23 Memo©
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	2:01 a.m. on the earlier o
rated 7/18/18/	
Signature of a member or authorized representative of a member	
LeAnn Nethery	

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Filing Fee: \$25.00