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COVER LETTER

Registration Section Division of Corporations

Ή:

HAPPINE:	SST, LLC			
Onji.e1		ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspe	ndence concerning this matter	to the following:		
	PEDRO J. ALEGRIA			
		Name of Person		
	HAPPINESST	· · · · · · · · · · · · · · · · · · ·		
		Firm/Company	· · · ·	
	14460 SW 75 AVENUE			
		Address	 	
	PALMETTO BAY, FL 33	158	2919 TAC	4-4°,
	pedroalegria@me.com	City/State and Zip Code	TALLAHASSEC, F	
	E-mail address: (to be used for future annual report notif	ication)	M
or further information c	oncerning this matter, please co	all:	FLO 2:	
amela Alegria		786 8635288 at ()	38 RICK	
Name o	f Person	Area Code Daytime	: Telephone Number	
nclosed is a check for th	ne following amount:			
S25.00 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 radditional copy is enclosed)	
Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n	
P.O. Be	ox 6327 issee, FL 32314	Clifton Building 2661 Executive Ce		

Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
he Articles of Organization for this Limited Liability Company lorida document number 1.18000183023	were filed on July 31, 2018 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabi	ility company here;
ne new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX)</u> . If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

ew Registered Agent's Signature, if changing Registered Agent:

HAPPINESST

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

r antending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> r removed from our records:

IGR = Manager MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
4GR	Pamela Alegria	14460 SW 75 Ave. Palmetto Bay. FL 33158	
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			□ Change
			Add
			□ Remove
			□ Change
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ective date, if other than the n effective date is listed, the date mu	st be specific and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this b	lock does not meet the applicabl	le statutory filing require	ements, this date will not be listed as
cument's effective date on the D	epartment of State's records.		
record execities a delaye	d affactive data, but not :	an offactive time a	t 13,01 a manatha andian af
The 90th day after the rec	ord is filed.	in enective time, a	t 12:01 a.m. on the earlier of
nted Nov. 06	2018		
	- -		

r. If amending any other finormation, enter change(s) here. (Adach dadadonal sheets, ly necessary.)

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Filing Fee: \$25.00