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(Requestor's Name)
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,
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COVER LETTER

TO: Registration So Division of Cor				
	APPY HOLDING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
		•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	EMANUELLE OLIVEIRA	١		
		Name of Person		
	CSG CAPITAL SERVICE	ES GROUP INC		
		Firm/Company	<u> </u>	
	446 W HILLSBORO BLV	ďD		
		Address		
	DEERFIELD BCH, FL 33	441		
	EMANUELLE@THEWAY	City/State and Zip Code /GROUP.B1Z		
	E-mail address; (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
EMANUELLE OLIVEI	RA	954.427.4770 at ())	-3 : H
Name o	of Person		: Telephone Number	
Enclosed is a check for t	he following amount:			0 8
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &

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

SSD BE HAPPY HOLDING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on 03/27/2019	and assigned
Florida document number L19000085205		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	x
	, Flo	orida Zip Code
	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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	COLOMBO, STEFANO	446 W HILLSBORO BLVD	□ Add
		DEERFIELD BCH, FL 33441	■ Remove
		·····	Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
	,		
			☐ Remove
		 -	Change
			
			☐ Remove
			Change

9. libam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	MAY 29TH 2019
n. arec	HILD
	Signature of a member or authorized representative of a member
	SERGIO CALANDRA

Typed or printed name of signce