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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAII	-
(Dusiness Estitut Nama)	
(Business Entity Name)	
(Document Number)	
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COVER L'ÈTTER 5

	Registration Se Division of Cor					
		DOMLING LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		david granados				
		REBECCA DOMLING LI	Name of Person .C.			
		1060 Woodcock Rd Ste 12	Firm/Company 8 #22134		2019 SECI	
		Orlando, Florida 32803 US	Address		2019 APR 12 SECRETARY	TLE
		into@us.office201.net	City/State and Zip Code to be used for future annual report noti	f	P 4 02	C
For furth	er information co	oncerning this matter, please ca	,	neation)	12 E DA	
david gra	anados		507 4910380			
	Name of	f Person	at () Area Code Daytim	e Telephone Number	 	
Enclosed	l is a check for th	ne following amount:				
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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, F1, 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REBECCA DOMLING LLC

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

	0.1/0.1/2019	•
The Articles of Organization for this Limited Liability Company	were filed on (047/14/2019)	and assigned ہے۔۔۔۔
Florida document number L19000093727		程言 1
This amendment is submitted to amend the following:		10000000000000000000000000000000000000
A. If amending name, enter the new name of the limited liab	ility company here:	1 1 M
Radically Happy IIc		Fig. 7
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreylation "In .C."
Enter new principal offices address, if applicable:		70 X
(Principal office address MUST BE A STREET ADDRESS)		······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		, enter the name of the new
	Enter Florida street address	
	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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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ective date, if other than the effective date is listed, the date in the date in this cument's effective date on the	ust be specific and cannot be prior block does not meet the applic	to date of filing or more than? able statutory filing require	(optional) 00 days after filing.) Pursuan ements, this date will not	it to 605.0207 (be listed as t
record specifies a delay The 90th day after the re	ed effective date, but no cord is filed.	t an effective time, a	t 12:01 a.m. on the	earlier of:
april II	2019	·		
	V . 1	Siavidas		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00