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Amend Cus

MAR 2 6 2020 I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor			
suвјест: <u>На</u>	py Vul, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel	L WISON Name of Person	
		Firm/Company	
	1846 Palmo	erston Cir.	
	Diore, FL	34761	
	Danielle e cla	City/State and Zip Code IMEX perts billing to be used for future annual report not	COM ification)
For further information c	oncerning this matter, please ca		
Danielle Name o	WISON f Person	at (<u>407</u>) <u>U37</u> - Area Code Daytin	OIW7 ne Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration : Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632 Tallahassee,	27	The Centre of	•
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Vue LL	C
(<u>Name of the Limited Habili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PART TILL TO
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
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 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>	Name	Address	Type of Action
<u>Mrs.</u>	Danielle Wilson	1846 Palmerston Cir.	Add MGL
		1846 Palmerston Cir. Ocoel, FL 34761	□ Remove
			□Change
			🗆 Add
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If an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	March 2 . 2020
	Danielle Wilson Typed or printed name of signee
	Danicle Wilson Typed or printed name of signee

Filing Fee: \$25.00