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To:

Division of Corporations

Pax Number : (850)617-6383

From:

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAPPY VENTURES, LLC

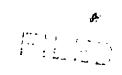
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



*		2711 DEC -2 P
HAPPY VENTURES, LLC		
(Name of the Llimited Limbility Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
(,,	State Committee of the
The Articles of Organization for this Limited Liability Comp	any were filed on 11/12/2019	and assigned
Florida document number L19000281147		
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 L		r the abbreviation "L L.C."
·	, , , ,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	52	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Insulant Guartin 12.15 Day 15 1 Co. 1 Tel. 20.17		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u> e	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Cip	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

Title	Name	Address	Type of Action
MGR	John David Fernandez	811 FLAMINGO DRIVE	■Add
	-	FORT LAUDERDALE, FL 33301	Remove
			Change
AMBR	KAREN B ADAMS	811 FLAMINGO DRIVE	
		FORT LAUDERDALE, FL 33301	■Remove
			Change
			[].Add
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ffective date, if an effective date is <u>lote:</u> If the date ocument's effect	inserted in this	block does not	meet the appl	icable statutory	g or more than 90 filing requirer	(optional) days after filing, neuts, this date) Pursuant to 605.020 will not be listed a
e record spec The 90th da	ifies a delay y after the r	red effective ecord is filed	date, but n l.	ot an effect	ive time, at	12:01 a.m.	on the earlier (
ated	2nd		2019	·			
	- Jaco	Signature of	a member or au	thorized represen	ntative of a mem	er	
Carlos	s M Alvarez, A	ttorney-in-Fact					

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Filing Fee: \$25.00