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(Requ	iestor's Name)	
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(City/s	State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	•

Office Use Only



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2020 JUNESS PH 2: 3

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JUL U 1 2020 I ALBRITTON

COVER LETTER

Reference Letter#
030A00011575

Ducument#
La0000025412

TO: Registration Section **Division of Corporations**

SUBJECT:

Happy Thumbs Transportation LLC Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vimborly Dall

	Kimberty Ben
	Name of Person
	Happy Thumbs Transportation LLC
	Firm/Company
	7071 Lake Joanna Dr. Apt 1D
	Address
	Pensacola, FL 32506
	City/State and Zip Code
	Kimberlybell405@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Kimberly Bell	407 7317850 at ()
Nar	me of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

JUN 29 2020



June 11, 2020

KIMBERLY BELL 7071 LAKE JOANNA DR APT. 1D PENSACOLA, FL 32506

SUBJECT: HAPPY THUMBS TRANSPORTATION LLC

Ref. Number: L20000025472

We have received your document for HAPPY THUMBS TRANSPORTATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00011575

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Référence hétre 1 9000011575

Happy Thumbs Transportation LLC				
(<u>Name of the Limited Liah</u> (A Flor	pility Comparida Limited L	ny as it now appears on Liability Company)	our records.)	_
he Articles of Organization for this Limited Liability	/ Company	were filed on 1/21/20	020 and	d assigned
orida document number L20000025472	 ·			
his amendment is submitted to amend the following:				
If amending name, enter the new name of the li	mited liabi	ility company here:		
he new name must be distinguishable and contain the words "L	imited Liabil	ity Company," the design	nation "LLC" or the abbreviation	n "L.L.C."
inter new principal offices address, if applicable:		7071 Lake Joanna Γ	Or Apt ID	
Principal office address MUST BE A STREET ADI	DRESS)	Pensacola, FL 3250	06	
			·	
				9 PM 2:
inter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE BOX)</u>				
s. If amending the registered agent and/or register	red office a	iddress on our recoi	rds, enter the name of the	new regist
gent and/or the new registered office address here	<u>e</u> :			
Name of New Registered Agent: Kin	mberly Bell			
New Registered Office Address: 707	71 Lake Joan	nna Dr. Apt 1D		
	_	Enter Florida s	street address	2.,2
Pen	isacola		, Florida 32506	
		City	Zip (lode -

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kimberly Bell	7071 Lake Joanna Dr. Apt 1D	= Add
		Pensaccia, Fl 30504	□Remove
			□Change
		-	□Remove
			□Change
			□Add
			□Remove
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Page 2 of 3

					
					
					
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ective date, if other than the effective date is listed, the date in the effective date inserted in this ument's effective date on the	ne date of filing: ust be specific and cannot block does not meet t	he applicable st) Pursuant to 605.020
record specifies a delay he 90th day after the re		but not an e	effective time,	at 12:01 a.m.	on the earlier o
ed April 15	. 20	20 .			
14		~ 00			
	Signature of amemb	<u> </u>	epresentative of a r	nambar	