LZO 0000 60428

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	<u> </u>	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
endirer.	Hanou Dee 11	_C .	
SUBJECT:	Happy Dee Ly Name of Limit	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	pondence concerning this matter t	o the following:	
	<u>vanvisa</u>	Chuto Name of Person	
		PPT DPE LLC	
	24 N ORI	ando Ave	
		FL 3293 City/State and Zip Code © @ gmail.com o be used for future annual report noti	
	val. its	City/State and Zip Code	
	T:-mail address. (t	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ıl l :	
Vanvisa	Chuto	at (<u>317</u>) 397 Area Code Daytim	-1821 a Telephone Number
Enclosed is a check for	,		
□ \$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 Addr</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of P.O. Box 61	Corporations	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO TO GENERAL STATE STATE

Name of the Library Companied Library (A Florida Limited L.	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2000060428}{}$.	were filed on $\frac{2 24 2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	Ende Florida sircet address
	, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

 $(x_1,\dots,x_{n-1})^{n-1}=\epsilon$

AMBR = Authorized Member

28 7 77 8:17

<u>Title</u>	Name	Address	Type of Action
AMBR	<u>vanvisa</u> Chuto	24 N orlando Ave	_ \(\frac{1}{2}\) Add
		Cocoa Beach, FL 32931	⊡Remove
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is filed.	ecifies a delay						a.m. on t	he carlier	of: (b)	The 90th o	day after the
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-	_		Signature	oka membe	r or author	zed represe	mative of a	member			