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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	HAPPY SH	INY CEEANER	<b>:</b> S:
	Name of Lim	ited Lizoility Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	-	-	
	JUHANA G.	ABRIELA RIERI Name of Person	MORENU
	HAPPY	SHINY C	CEANERS LLC
	729 W J	DAUGHTERY R	2
	LAKEL	City/State and Zip Code  ariera moveno atto be used for future annual report notified.	3809
	Johanogabriel	ariera moreno a to be used for future annual report notifi	gmail.com
For further information c	oncerning this matter, please ca	all:	
ALBER	T HONDARES	at ( <u>863</u> ) <u>450 9</u> Area Code Daytime	7298
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
\$\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	LEANERS	_				
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)					
The Articles of Organization for this Limited Liability Company	were filed on 04/27/2	ozo and assigned				
Florida document number <u>L 20000 /12 860</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
The new name must be distinguishable and contain the words "Limited Liabili	NERS LLC					
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		> C 65				
		3				
		1 KAY 22				
Enter new mailing address, if applicable:		173 <u>t.</u>				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>				
		<b>~</b>				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registere				
agent and/or the new registered office address here.						
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
<del>- · · · · · · · · · · · · · · · · · · ·</del>	, Florid	a Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	•	·				
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I furtha	er aaree 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 p	rovided 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	<u>Name</u>	Address	Type of Action
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			□Remove
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effective d	ate is listed,	the date must	iate of filin be specific an	d cannot be	e prior to da	ate of filing	or more tha	n 90 days a			
			ck does not i partment of S			statutory	filing requ	irements,	this date	will r	ot be liste
ord speci filed.	fies a delay	ed effective	date, but no	t an effec	tive time,	at 12:01 a	.m. on the	carlier of	(b) The	2 90tl	n day after
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		$\mathcal{P}^{\mathcal{N}}$	signature of a	member o	r authorize	d represent	ative of a m	ember			