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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Priority Happiness LLC Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	eturn all correspondence concerning this matter to the following:	
	<u>Hahre S. Cantrell</u> Name of Person	
	Firm/Company	
	3350 NE 12+1 Ave # 70311	
	Oakland Park, FL 33307 City/State and Zip Code Priority happyme & gnail, com E-pail address (to be used for future annual report notification)	
	Priority happyme @ gmail. com E-vail address (tope used for future annual report notification)	
For furt	ther information concerning this matter, please call:	
14	Ahre S. Cantrell at (239) 331-9432 Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□ \$25	5.00 Filing Fee Certificate of Status Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	(b)
	Mailing Address:Street Address:5Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810- Tallahassee, FL 32303	- :T U

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Priority Ho	naainess i	4.			
(Name of the Limiter	Liability Company as it is Florida Limited Liability	tow appears on our rec Company)	ords.)		
The Articles of Organization for this Limited Lia	bility Company were fi	led on 07/21	12020	and assi	gned
Florida document number <u>L2000213</u>	<u> 156</u> .	·			
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	he limited liability cor	npany here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	pany," the designation "I	.LC" or the abbr	eviation "L.L	C."
Enter new principal offices address, if applical	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	 OY)				
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	•	on our records, <u>en</u>	ter the name	of the new	registered
New Registered Office Address:					
New Registered Office Address.		Enter Florida street add	tress		
			Florida		
New Registered Agent's Signature, if changing Re	City	•		Zip Code	O
		at in this connects.	further gove	2021	KSwith tha
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this continuation.	and complete perford ered agent as provide gistered office addres	mance of my duties, d for in Chapter 60	and I <mark>am</mark> fai 5, F.S. Or, if	miliar with this docum	rand ment is
				ب 2-	
	If Changing Re	istered Agent, Signatu	re of New Regis	tered 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	Charlene Paul	1807 NE 59+1 St	Add
		1807 NE 59th St Fort Lauderchill, FZ 33:	308 X Remove &B
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			□Add
			□Remove
			☐ Change
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te: If the date inser cument's effective d				statutory filing	g requirement	ts, this da	t c will no	_
dinent's effective of	ate on the Departi	ficht of State s	s records.					Ø
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cord specifies a del s filed.	ayed effective date	:, but not an ef	fective time, a	at 12:01 a.m. o	in the earlier	of: (b)	The 90th	day after the
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