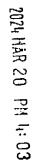
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## **COVER LETTER**

17	of Corpo				
Bizi SUBJECT:	Rx LLC				
		Name of Lim	ited Liability Company		<del></del>
The enclosed Art	icles of An	nendment and fee(s) are sub	mitted for filing.		
		ence concerning this matter	_		
rease return an c	correspond	ence concerning and matter	to the following.		
		Chris Zulliger			
			Name of Person		
		BizRx LLC			
			Firm/Company	<u>, .</u>	
		2206 Chaney Dr #244			
			Address		
		Ruskin, FL 33570			
			City/State and Zip Code	. =	
		chris@happybizrx.com			
			to be used for future annual i	report notification)	
For further inform	nation con	cerning this matter, please of	all:		
Chris Zulliger			801 652 at ()	4577	_
	Name of Po	erson	Area Code	Daytime Teleph	one Number
Enclosed is a che	ck for the i	Following amount:			
<b>■ \$25.00</b> Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enco		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	Address:			tion Section	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
	assee, FL	32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BizRx LLC				
(Name of the Limit	ed Liability Comps (A Florida Limited	ny as it now appears on our Liability Company)	r records.)	<del></del>
The Articles of Organization for this Limited Li	ability Company	were filed on	0 ar	nd assigned
Florida document number L.20000260796	·			
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Happy Biz Life LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviati	ion "L.L.C."
Enter new principal offices address, if applica	able:	2206 Chaney Dr #244	-1	2024
(Principal office address MUST BE A STREE	T ADDRESS)	Ruskin, FL 33570		= 71
				2
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			<del>-: 23 -</del>
				_ <del>.</del>
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records,	, <u>enter the name of th</u>	ne new registered
Name of New Registered Agent:	Chris Zulliger			
New Registered Office Address:	2206 Chaney D	Or # 244		
		Enter Florida stree	et address	
	Ruskin		, Florida <u>33570</u>	
		City	Zip	Code
New Registered Agent's Signature, if changing F	legistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Damon Zulliger	4512 Sundown Ln Tampa, FL 33610	□Add
			≣Remove
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			□Add
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If an effective date is listed, the date m	e date of filing: (optional)  Ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Proceed does not meet the applicable statutory filing requirements, this date with Department of State's records.	ursuant to 605.0207 ( Il not be listed as t
he record specifies a delaye The 90th day after the re	d effective date, but not an effective time, at 12:01 a.m. on cord is filed.	the earlier of:
March 11	2024	
	Signature of a member or authorized representative of a member	
Chris Zulliger		

Filing Fee: \$25.00