Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6383			
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	Account Number : I20000000146	FILLING SERVICE IN	.	
	Phone : (305)444-4994			
	Fax Number : (305)328-4774		م بر <i>ح</i>	202
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K. SALY

Electronic Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

	-1000
HAPPY HOUSE SOCIAL CLUB LLC	
(Name of the Limited Liability Com	pany aş ji now appears on our records.) d Llability Company)
(A Flora Chine	d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/18/2020 and assigned
Florida document number 1.20000294351	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li-	ability company here:
•	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
man and a second	
Enter new principal offices address, if applicable:	,
(Principal office address MUST RE A STREET ADDRESS)	
•	
Enter new mailing address, if applicable:	
u ,	
(Mailing address MAY BE A POST OFFICE BOX)	
	the new vertebras
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
N. D. Court Office Address	
New Registered Office Address:	Enter Florida street address
	P1 11
	Florida

New Registered Agent's Signature, if changing Registered Agent:

Page: 3 of 5

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.

City

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	Name	Address	Type of Action
MGR	BORIS L AVILA	5837 LAKE WORTH RD	□ Add
		GREENACRES, FL 33463	■ Remove
			□Change
MGR	ALIAN MESA	5837 LAKE WORTH RD	□Add
		GREENACRES, FL 33463	■Remove
			CChange
MGR .	JULIET QUINTANA	5837 LAKE WORTH RD	DAdd
		GREENACRES, FL 33463	□ Rетоус
			□Change
MGR	INDIRA TORRES	5837 LAKE WORTH RD	
		GREENACRES, FL 33463	[]Remove
			Change
			DAdd Remove Change Change
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			☐ Change

From: Yanet Avita

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	9
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
record is filed.	
Dated 03/01 2022	
Signature of a member or authorized representative of	of a member
BORIS L. AVILA	

Typed or printed name of signee