

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





06/14/23--01012--016 **30.00



TO ARTICLES OF ORGANIZATION

Happy To Help Clan (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 306 8</u> 14	were filed on $09129/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Lay	nnors LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2353 Shelley St. #6 Cleanwater FL, 33765
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(SAME) 1
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	3 3
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
<u></u>	Florida Florida Vin Code

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.

TO: Registration Sec Division of Corp			
SUBJECT: Hea	My Chopper Home of Lim	Runners Lited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tellie	MOWUS Name of Person	
	Heavy Chop	per Road Lunvier: Firm/Company	s uc
	2353 Shelley	St unit # 6 Address	
	Cleanater. Heavy Chappa	City/State and Zip Code UG Gmail Common to be used for future annual report notifications.	ication)
For further information co	oncerning this matter, please ca		
Danielle Bu Name of	Person	at (<u>971</u>) <u>873</u> — Area Code Daytime	8724 Telephone Number
Enclosed is a check for the	c following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy

Maining Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

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Note:	tive date, if other than the date of filing:
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	June 11. 2023.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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