# 120000321556

Office Use Only



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## **COVER LETTER**

SUBJECT:	Happines Blooms LLC Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Odalus Meha- Warne of Person	
	Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    August Mana   August Manager	
	1724 Boardman Ave.	e submitted for filing.  Addus Milha  Warne of Person  Chirls Blowns LLC  Firm/Company  City/State and Zip Code  Address  City/State and Zip Code  Cod
	Menandal Q Valuo, Com	
For further information		
<u>Odal</u>		
Enclosed is a check for	r the following amount:	
▼ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	tus &

## Mailing Address:

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hansings Bloms 110

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on o	ur records.)
The Articles of Organization for this Limited Liability Company	y were filed on _(X)tX)	CV 12 2020 and assigned
Florida document number <u>L20000321550</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	vility Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>~</u>
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	720 A
		24
Enter new mailing address, if applicable:		· 9 /TI
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·	03
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida str	eet address
		, Florida
	City .	Zip 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.

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
MGR	Odalys Mena	1724 Boardman Are.	□Add
		mangonia Park, FL 33407	□Remove
		33407	©Change
			🗆 Add
			□Remove
			Change  Change  Add  Remove
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fective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable state.		days after filing.) Pu	
cument's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earl	lier of: (b) The 9	0th day after t
is filed.			·
and 11/20/2020			
$\Omega_{A}$ $\alpha$ $\alpha$			
Signature of a member or authorized r  Oddys Mena Typed or printed name	enresentative of a memb	ver .	<del> </del>