2/3/22, 4:40 PM

Division of Corporations



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(((H22000045807 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone : (727)442-1200

Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN USHH12, LLC Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25.00

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Help. LEMIEUX FEB 0 4 2022

ARTICLES OF AMENDMENT #22000045807 TO ARTICLES OF ORGANIZATION OF

USHH12, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 18, 2020 and assigned
Florida document number 1.20000365402	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
mining dutiess mail DE A 1 031 0111CE HOAY	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida _ ώ
	City - Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>4</u>

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H 22 000045807

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	US HAPPY HOMES, L.IC.	6911 PISTOL RANGE RD	
		SUFFE 127	■Remove
		TAMPA, FL 33635	□Change
MGR U.S. HAPPY HOMES MANAGEMENT, LLC		6911 PISTOL RANGE RD	■Add
		SUITE 127	(☐Remove
		TAMPA, FL 33635	□Change
			□ Add
			□Remove
			Change
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Effect	tive date, if other tl	han the date of t	filing:		(optio	onal) filing.) Pursuant to 605.0	1202 (2)
Note:	Tective date is listed, the If the date inserted in nent's effective date of	n this block does	not meet the appli	cable statutory Jili	more than 90 days after ng requirements, this	ning.) Pursuant to 605.0 date will not be listed	7207 (3)(d as the
the recordis fi		effective date, bu	t not an effective	time, at 12:01 a.m	. on the earlier of: (b	The 90th day after	the
Dated	FEBRUARY 3		2022	L-j/			
			(IXM)	Manua			
				-			

Typed or printed name of signee