

h21 0000 25126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

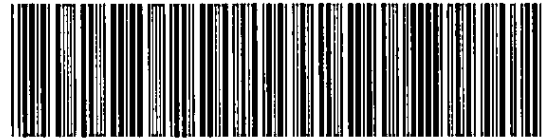
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Aug 26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY DREADS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHALANA M MANNING

Name of Person

Happy Dreads LLC

Firm/Company

1017 NE 22nd Terr

Address

Gainesville, FL 32641

City/State and Zip Code

Shalanamanning85@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shalana M. Manning

Name of Person

at (352)

Area Code

363-9094

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

11/24

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HAPPY DREADS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/11/2021 and assigned
Florida document number L21000025126.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

B. If amending the registered agent and/or registered office 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:

Shalana M. Manning

New Registered Office Address:

1017 NE 22nd Terr

Enter Florida street address

Gainesville

City

Florida

32641

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.

Shalana M. Manning

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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11:27

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/20/2021, _____

Signature of a member or authorized representative of a member

Typed or printed name of signer