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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAPPY TAX MULTI SERVICE LLC

Account Number : I20190000101 Phone : (305)904-7224 Fax Number : (305)513-5827

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

Email Address: Happy taxmultiservice agmail

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONSAL TRUCKING LLC

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K. Brumbley

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000127634</u> .	were filed on 03/18/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	try 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 a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registere
		202
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	Zip Code_
New Registered Agent's Signature, if changing Registered Agent:		•••

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

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:

MGR = Manager AMBR = Authorized Member

Θ

<u>Title</u>	Name	Address	Type of Action
AMBR	Raidenys Rebull Bacallao	7531 NW 174 Terrace	🗆 Add
		Hialeah, Fl. 33015	Remove
AMBR	Keivy Juiz Garcia	7531 NW 174 Terrace	= Add
		7531 NW 174 Terrace	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
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:(b) Th	ıc 90tl	h day	y afte	er	the		

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing: [Coptional] [Coptional]
If the recretors	ord 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 filed.
Date	May 17 , 2022.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Meivy Juiz Garcia