Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003900313)))



H210003900313ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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

Email Address: accountant @ taxzore FC-com

SECRETARY OF STATE SECRETARY OF CORPORATION OF CORP

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN -HAVE A CIPPITY DAY LLC

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Page Count	07
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OCT 21 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

From: Tax Zone

4210003900313

COVER LETTER

TO: Registration S Division of Co			·
HAVE A (CIPPITY DAY LLC		
30 B0DC1.	Name of Lim	rited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	·
Please return all corresp	ondence concerning this matter	to the following:	
	CYNTHIA COLLINS UR	VANKI	
		Name of Person	
		Fittn/Company	
	1600 ALGONQUIN TRA	il	
		Address	
	MAITLAND, FL 32751		
	ACCOUNTANT@TAXZC	City/State and Zip Code NEFL.COM	
		to be used for future annual report notifica	dion)
For further information	concerning this matter, please o	all:	
CYNTHIA COLLINS (ZRVANKI	407 888-3131 at ()	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fec	□ \$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)
Mailing Addre Registration		Street Address: Registration Secti	on :
	Section Corporations	Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

From: Tax Zone

H210003900 313

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Con	w appears on our records.) mpany)
The Articles of Organization for this Limited I. Florida document number L21000415330	iability Company were filed	d on 09/20/2021 and signed S
This amendment is submitted to amend the following	owing:	relections of control
A. If amending name, enter the new name of	f the limited liability comp	pany here:
HAVE A ZIPPITY DAY LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company	ny," the designation "LLC" or the abbreviation "LALC." =
Enter new principal offices address, if applie	:able:	<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on ss here:	n our records, enter the name of the new registered
Name of New Registered Agent:	CYNTHIA COLLINS UR	BANSKI
New Registered Office Address:	1600 ALGONQUIN TRAI	.IL
	Đ	inter Florida street address
	MAITLAND	, Florida ³²⁷⁵¹
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Page: 6 of 8

HAVE A CIPPITY DAY LLC

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 fumiliar 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.

Fenanding Registered Agent Signature of New Registered Agent

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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

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Title	Name	Address	Type of Action
MGR	CYNTHIA COLLINS URVANKI	1600 ALGONQUIN TRAIL	
		MAITLAND, FL 32751	■Remove
			Change
MGR	CYNTHIA COLLINS URBANSKI	1600 ALGONQUIN TRAIL	= Add
		MAITLAND, FL 32751	□Remove
		·	□ Change
			
			□Remove
			Change
			□Remove
			©Change
			□Add
		- <u> </u>	□Remove
			CRemove

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<u>lote:</u> If the date in	sted, the date must be specif	not meet the applicable sta	actory filing requirements, th	is date will not be listed	ت د