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SECRETARY OF STATE

COVER LETTER

10:	Division of Corpo							
SUBJE		ns & Co LLC				÷		
SUBJE	C1	Name	e of Limited Liab	lity Company				
The enc	losed Articles of An	nendment and fee(s)	are submitted fo	or filing.				
Please r	eturn all correspond	ence concerning this	matter to the fo	llowing:				
		Janice Robinson						
			N	ame of Person				
			Fi	rm/Company				
		1265 SW Fletcher i	Lane					
				Address		-		
		Port St Lucie, FL 3	4953			SEC OBS	2022	2022 OCT
		happyheartsfl@gma	-	ate and Zip Code		RETA!	OCT	21.07 21.40 2.40 2.40 3.40 3.40 3.40 3.40 3.40 3.40 3.40 3
For furt	her information cond	E-mail acter, p		for future annual r	eport notification)	ASSE	- P4	A-41
	Robinson			772 882	-0983	STAL:	2:	توسيع
	Name of Po	erson		t () Area Code	Daytime Telepho	one Number	_ ω	
Enclose	d is a check for the t	ollowing amount:						
		S30.00 Filing Fee Certificate of St	atus C	5.00 Filing Fee & ertified Copy dditional copy is enclo		\$60.00 Filing I Certificate of Certified Cop (additional copy)	Status & y	
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations		Division The Cen 2415 N.	dress: tion Section of Corporation tre of Tallahas Monroe Stree see, FL 32303	ssce t, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Hearts & Co 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 $\frac{01/04/2022}{}$ and assigned Florida document number L22000010326 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 "LLC." 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: New Registered Office Address: Enter Florida street address , Florida ___

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 **Type of Action** · Title Name **Address** MGR Janice Robinson 1265 SW Fletcher Lane □Add Port St Lucie, FL 34953 _____ □Remove **■**Change □Remove □ Change Remove SHE □Add ____ 🗆 Remove _____ □Change _ □Add

□Change

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. If amending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other t	han the date of filing: (optional)
Note: If the date inserted in	han the date of filing:
document's effective date	on the Department of State's records.
the record 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
cord is filed.	
October 6th	2022
Dated	
Jau	ice Denson
(/	Signature of a member or authorized representative of a member
Janice Robinson	n