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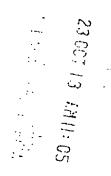
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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		J. HORNE
		OCT 2 3 2023
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Office Use Only



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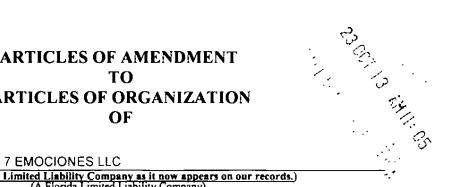
## **COVER LETTER**

Division of Co			
SUBJECT:	7 E <b>M</b> OC	CIONES LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		ALICIA GUERRERO	
		Name of Person	
		MARCUM LLP	
		Firm/Company	
	1 SI	E 3RD AVEUNE, SUITE 1100	
		Address	
		MIAMI, FL 33131	
		City/State and Zip Code	
		A.GUERRERO@MARCUMLL	
	•	to be used for future annual report noti	lication)
For further information of	concerning this matter, please or	all:	
	A GUERRERO	at ()995-9804 Area CodeDaytim	1
Name (	or Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

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



7 EMOCIONES LLC			• • • • • • • • • • • • • • • • • • • •
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)	
ne Articles of Organization for this Limited Liability Company	were filed on	April 8, 2022	and assigned
orida document number <u>L22000148993</u> .			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabi	lity company h	ere:	
HAPPY CREATORS LLC			
e new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the a	ibbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
<u> </u>			-
		-/-	
nter new mailing address, if applicable:			
• • • •			
Mailing address MAY BE A POST OFFICE BOX)			
	·		
. If amending the registered agent and/or registered office a	dduoce on our	oaarda antar tha nac	ma of the new resi
ent and/or the new registered office address here:	ו ונט נוט פא נוט פעו	ecords, enter the har	ne of the new regi
<del></del>			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	Line 1 IU	r appe yer Cus water Egg	
· · · · · · · · · · · · · · · · · · ·	Cini	, Florida _	Zip Code
	City		гір Соде

## 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
_ <del>_</del>			□Add
			Remove
			Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	re date, if other than the date of filing: (optional)
li an cile	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docume	it includes this city on the Department of State's records.
	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
nd is file	d. , ,
	101/10/10
Dated	10/10/23
<u> </u>	· · · · · · · · · · · · · · · · · · ·
	<b>√</b>
	Signature of a member or authorized representative of a member
	Signature of a manufacture of the property of a manufacture
	ALEXIS NUNEZ

Filing Fee: \$25.00