

L22000185575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

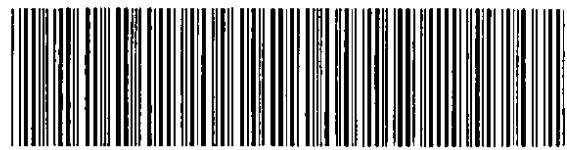
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700412405277

07/18/23--01025--003 ***25.00

700412405277
07/18/23--01025--003 ***25.00
FLORIDA STATE
PACIFIC TITLE
CORPORATION
1000 S. BISCAYNE BLVD.
MIAMI, FL 33131
786-571-1111
FLORIDA STATE
PACIFIC TITLE
CORPORATION
1000 S. BISCAYNE BLVD.
MIAMI, FL 33131
786-571-1111

RECEIVED
R. HUNT
07/18/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Candle Therapy 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:

Jonathan Taboada

Name of Person

ZenBusiness INC

Firm/Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

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

RECEIVED
FLORIDA
DEPARTMENT OF
STATE
TALLAHASSEE, FL
10/13/2014

For further information concerning this matter, please call:

c/o ZenBusiness INC

844 493-6249

Name of Person

at () Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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
Tallahassee, FL 32303

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

Candle Therapy 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 07/13/2023 and assigned Florida document number 1.22000185575.

This amendment is submitted to amend the following:

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

Soy Happy LLC

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)

3110 1st Ave N Suite 2M

St. Petersburg, FL 33713

Hillsborough CountyUS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3110 1st Ave N Suite 2M

St. Petersburg, FL 33713

Hillsborough CountyUS

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

City

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.

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

18	PH 11:44	FL	STATE OF MISSISSIPPI	11/11/2013
----	----------	----	----------------------------	------------

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

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.

If 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 record is filed.

Dated 07/13 2023

/s/Morgynn McKenzie

Signature of a member or authorized representative of a member

Morgynn McKenzie, Member

Typed or printed name of signee