L22000186689

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COVER LETTER

Division of Corporations HappyBell Hospitality LLC SUBJECT: 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: Filing MichaelD Name of Person ZenBusiness Inc. Firm/Company 336 E College Ave, Stc 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Filing MichaelD c/o ZenBusiness Inc. 493-6249 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

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

TO:

Registration Section

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

HappyBell Hospitality LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limi	ted Liability Company)	0.9
The Articles of Organization for this Limited Liability Comparing deciment number 1.22000186689	any were filed on 2022-04-19	and assigned
· · · -		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
HappyBell Ventures LLC		
The new name must be distinguishable and contain the words "Limited L	liability Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>ente</u>	r the name of the new regist
New Registered Office Address:		
THE INCLUDING OFFICE I MAILEST.	Enter Florida street addre	PAS
<u></u>	F	ToridaZip Code
 	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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If amending any other inform	ation, enter change(s) her	ге. типаст скатажа	i sneets, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this be document's effective date on the L	lock does not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) Pursua equirements, this date will no	ant to 605.0207 (3 of be fisted as th
ne record specifies a delayed effectiond is filed.	ve date, but not an effective (time, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
Dated August 2	2023			
	gton Bloomfie	ld	ı member	
Warrington Bloomfield				
Wattangton Dickminet		ited name of signee		

Filing Fee: \$25.00