## 22000194160

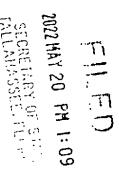
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
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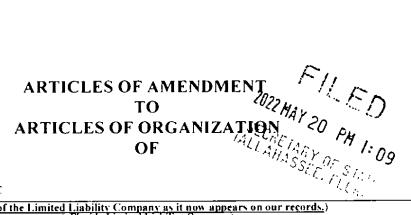
## **COVER LETTER**

TO: Registration Sec Division of Cor			
545 11th As		•	
SUBJECT:	Name of Limit	ed Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Paul Watson		_
		Name of Person	
	Sivyer Barlow & Watson		
		Firm/Company	
	401 E Jackson St Ste 2225		
		Address	
	Tampa, Fl. 33602		
		City/State and Zip Code	-
	pwatson@sbwhlegal.com E-mail address: (1	o be used for future annual report notific	eation)
For further information of	concerning this matter, please ca	ill:	
Phillip Price		727 533-5816	
Name (	of Person	at ()	Telephone Number
Enclosed is a check for t	the 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sect	tion

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

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

Tallahassee, FL 32303



545 11th Avenue N, 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 <u>04/25/2022</u>	and assigned
Florida document number L22000194160		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Happylife54 Properties, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation '	1.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1100 4th Street North	
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33701	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1100 4th Street North St Petersburg, FL 33701	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>er</u>	
-	City	, Florida 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Remove
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		<del></del>	□Add
			Remove
			□ Change

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Signature of a member or authorized representative of a member	May 13	· _	022 .			
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Filing Fee: \$25.00