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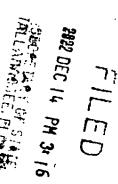
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Appy Hipple Name of Limit	Paddie Co.	
The enclosed Articles of	Amendment and fee(s) are subn	nutted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
		M. Rour K	
	- Happy	Hippe Padde	<u>Co.</u>
	2509_ b	S/ Oth SI Address	
	Panania (City/State and Zip Code	
		padalenth @ amai	Leation)
For further information c	concerning this matter, please va	ill:	
Joseph.	M. Rocer K	at (<u>334</u>) <u>724</u> Area Code Daytime	2.683 Telephone Number
Finclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$2.55.00 Filing Fee & Certified Copy tadditional 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Hame of the Limites	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L 22 000 213</u>	bility Company were filed on05/65/22	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>OX)</i>	DEC 14 PH 34 16
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the na</u> <u>s here</u> :	ame of the new registere
Name of New Registered Agent:	Joseph M. Park	
New Registered Office Address:	2569 W. 10+ S+. Enter Florida street address	
	Panama Otty , Florida	32401 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>	Address	Type of Action
<u> AR</u>	Caitlin S. Roark	300 Cabana bivd	🗆 Add
		unit 2114 PCB, FL.	⋌ Remove
		32407	□Change
AR Carol R Poark	LILI 33 Papper Are	□Add	
	Montgomery M. 3609	Remove	
		_	
			Zadd
	 *	BRemove	
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(If an ef Note:	tive date, if other than the date of filing:
the reco cord is f	d 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 led.
Dated	12/14 2022

Typed or printed name of signee

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