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COVER LETTER

TO:		istration Sec sion of Corp			,	
SUBJEC	∵T.		niverse, LLC			
SUBJEC	L1:			ted Liability Company	-	
The encl	losed	Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			Anny Monsalve			
			-	Name of Person		
			The happy universe, LLC			
				Firm/Company		
			6911 Main Street apt 215			
				Address	<u> </u>	
			Miami Lakes, FL 33014			
				City/State and Zip Code		
			annypmonsalve@gmail.com			·
			E-mail address: (t	o be used for future annual r	report notification)	
For furth	er in	formation co	ncerning this matter, please ca	.ll:		
Anny M	onsal			754 208 at()	.8108	
		Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed	is a	check for the	following amount:			
■ \$25.	.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 14 AM 9: 48

The happy universe, 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 $\frac{06/01/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 __

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.

City

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
MGR	Anny Monsalve	6911 Main Street apt 215 Miami lakes fl 33014	= A d d
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			□Change
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record spe d is filed.	ecifies a delayed e	ffective date, but	t not an effectiv	ve time, at 12:0	1 a.m. on the ear	lier of: (b)	The 90th day	after the
06/1	0		2022	• 2				
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Typed or printed name of signee