11/4/22, 2:00 PM

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAPPY GO LUCKY INVESTMENTS LLC

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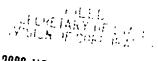
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 NOV -4 AMII: 27

HAPPY GO LUCKY INVESTMENTS 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 w	ere filed on <u>07/08/22</u>	and assigned
Florida document number L22000306001		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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)		
(Maining unaress SIAT BE AT OST OFFICE BOA)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>c</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	ddress
		Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Coae
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dutic ovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Georgette Williams	7901 4TH ST N STE 300	※ Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
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(If an effective d <u>Note:</u> If the c	e, if other than the date is listed, the date in late inserted in this fective date on the	nust be specific and block does not n	cannot be prior neet the applic	able statuto	ing or more the	an 90 days afte	ional) er filing.) Pursi is date will r	uant to 605.6 not be listed	9207 (3)(0 I as the
If the record speci record is filed.	fies a delayed effec	tive date, but not	an effective ti	me, at 12:0	l a.m. on the	earlier of: (b) The 90ti	i day after	the
_{Dated} <u>11/0</u>	4		2022						
	Rilm, Park	Signature of a	nember or autho	orized repres	entative of a r	nember			
		organical Or a I				 -			
<u>R</u>	iley Park		Typed or printe	ad nama of	u Dat				

Filing Fee: \$25.00