To: 18506176383 From: 19166105073 Date: 09/23/22 Time: 8:37 PM Page: 02/05



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(((H22000331042 3)))



H220003310423ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

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

RLOPS@PARASEC.COM Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREE AND HAPPY 72 LLC

	كالمناز والمناف المستوي والمناف
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 2 6 2022

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To: 18506176383 From: 19166105073 Date: 09/23/22 Time: 8:37 PM Page: 03/05

ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

Free And Happy 72 LL (Name of the Limited L (A F	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L22000375332</u>	ty Company were filed on <u>08/25/2022</u> and assigned
This amendment is submitted to amend the following	g:
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 A	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	2 - 5. 8
B. If amending the registered agent and/or regis	ered office address on our records, enter the name of the new registered
agent and/or the new registered office address h	
Name of New Registered Agent:	29
New Registered Office Address:	Enter Florida street address
	, Florida
-	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.

, To: 18506176383 From: 19166105073 Date: 09/23/22 Time: 8:37 PM Page: 04/05

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	Stephen OToole	1846 Blue Bonnet Way	□Add
		Fleming Island FL 32003	Remove
			. Machange
			□Remove
		□Change	
		□Remove	
		Change	
		[Add	
		Remove	
			Change
		□ Add	
		□Remove	
			Change
			[] Add
			Remove
			[] Change

Note: If	date, if other than the date of filing:
ord is filed	
Dated	September 16 2022
	Stape OTodo
	Signature of a member or authorized representative of a member

To: 18506176383 From: 19166105073 Date: 09/23/22 Time: 8:37 PM Page: 05/05

Filing Fee: \$25.00