## Florida Department of State Division of Corporations

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(((H220003283013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

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 THE HAPPIE TURTLE LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Happie Turtle LLC		
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{09/06/22}{\text{Florida document number}}$	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 "L	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)		
	2022 SEP 22 PM 4:  Market Sep 21 Pm 4:  Market Sep 21 Pm 4:  Florida	APPROYED
City	Zip Cic	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MUNIZ, MICHELLE	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00