L23000020406

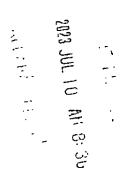
(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: <u>HAPPY</u>	& FUN LLC			
	Name of Lim	nited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		OCCAD COLINIDADES		
		Name of Person		
		Address NORTH MIAMI, FL 33168 City/State and Zip Code colindresoscar23@gmail.com atter, please call: at (
				
		rituiz Ompany		
		13215 NW 2 nd AVENUE		
				
	E-mail address: (ification)	
For further information c	oncerning this matter, please ca	all:		
	COLINDRES	at (<u>786) 277_6645</u>	70.1	
Name o	t Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
D \$25.00 Filing Fee	D \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	
Mailing Address:				
Registration Section		=		
Division of Corporations P.O. Box 6327				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 10 AM 8: 31: HAPPY & FUN LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) in the state of the first The Articles of Organization for this Limited Liability Company were filed on 06-22-2023 and assigned Florida document number L23000020906 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

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

___, Florida ___

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 <u>T</u>	ype of <u>Action</u>
MGR	OSCAR ALEXIS COLINDRES ZUNIGA	13215 NW 2ND AVENUE NORTH MIAMI FL, 33168	∏Add
			Remove
			_
MGR	EDGAR GONZALES	13215 NW 2ND AVENUE NORTH MIAMI FL, 33168	_⊠Add
			_□Remove
			□Change
MGR	MAYRA YOLANY COLINDRES ZUNIGA	13215 NW 2ND AVENUE NORTH MIAMI FL, 33168	⊠Add
			Remove
			Change
			_□Add
			Remove
			_
			_□Add
			Remove
			□Change
			_ 🗆 Add
			_ □Remove
			_ □Change

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lf an ef <u>Note:</u>	ive date, if other than the date of filing:
ne reco ord is f	rd 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 fled.
Dated	Col 22 2023 . Claudice of a member or authorized representative of a member
	Sunature of a member or authorized representative of a member
	TSSIS NUMEZ Typed or printed name of signee

Filing Fee: \$25.00