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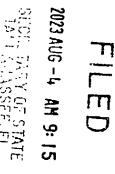
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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: Hay	py Happy Name octumi	Creatius: 1	LLC
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Jessi (a	Harre (1 Name of Person	
	Happy H	appy Creation	sllc
	20034 E	lgeweter Ct	
	Tallahass	ce FL 32310 City/State and Zip Code F2002 W Yah	
	bludie 24 E-mail address: (t	5 200 2 W Jahr o be used for future attitual report notifical	ov. Com
For further information co	ncerning this matter, please ca	ill:	
Jessicer t	famell Person	at (<u>&\$50</u>) <u>\$\\$</u> Area Code Daytime To	O 7 8 9
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hapry Happy C	any as it now appears on our reco	LC rds.)
The Articles of Organization for this Limited Liability Company Florida document number 12300058493.	Liability Company)	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Small Town Printing The new name must be distinguishable and contain the words "Limited Lab	140.	.C" 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)		AUG -4 AM 9: 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	, [Florida
	City	хір Сойе

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	5/23/23
ectiv n efte	ve date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cume	ent's effective date on the Department of State's records.
	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
is file	
is file	
is file	Signature of a member or authorized representative of a member