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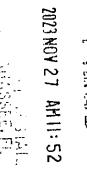
(Requestor's Name)
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11/27/23--01008--013 **25.00



COVER LETTER

го:

Registration Section
Division of Corporations

Happy Feel SUBJECT:	Flooring LLC			
ODDECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Marc Devisse			201
		Name of Person		13.K
	Happy Feet Flooring LLC			0V 2
		Firm/Company		
	12730 Commonwealth Dri	ve, Suite 6		2023 NOV 27 AM 11: 52
		Address		52 FE
	Fort Myers FL 33913			
		City/State and Zip Code		_
	mare@tri-townconstruction	.com		
	E-mail address: (to be used for future annual report noti	fication)	
for further information of	oncerning this matter, please c	all:		
Marc Devisse		239 784-9271 at ()		
Name o	f Person		e Telephone Number	r
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 8	:10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Feet Flooring LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
e Articles of Organization for this Limited Liability Company were filed on 2-9-2023		and assigned	
lorida document number L23000073462			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Happy Feet LLC			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or		
Enter new principal offices address, if applicable:		023 N	
Principal office address MUST BE A STREET ADDRESS)		×	
· · · · · · · · · · · · · · · · · · ·			
		SEE S	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		2	
Mulling quaress MAT BE A POST OFFICE BOX			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:		<u>-</u>	
	Enter Florida street address		
	, Floric		
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
hereby accept the appointment as registered agent and agrows of all statutes relative to the proper and complete cept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and l provided for in Chapter 605, F.S	am familiar with and C. Or, if this document is	
If Cha	nging Registered Agent, Signature of No	ew 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> Fitle</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove 2823
			Remove Remove Re
			□ Change
			□Add
			Remove
			☐ Change
.			□Add
			□Remove
			☐ Change
			
			□Remove
			Change

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···		

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		· 2
		ASS TO
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ctive date, if other than the	date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this ble	ock does not meet the applicable statutory f	filing requirements, this date will not be listed as
ament's effective date on the De	epartment of State's records.	
ord specifies a delayed effective	e date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
filed.		
November 21	2023	
v1	,·	
ed	10000000000000000000000000000000000000	

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Filing Fee: \$25.00