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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations	
SUBJECT: Happy Bones Name of Linking	LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	sitted for filing.
Please return all correspondence concerning this matter to	the following:
ExiCt Cl	Katrina Echerarrela
- Happy P	Firm/Company
1651	NE 115th Street Apt 9C
Miami,	FL 33181 City/State and Zip Code
F-mail address: (b)	o be used for future angual report notification)
For further information concerning this matter, please ca	II:
Cricka Echezarveta Name of Person	at (786) 342 - 5787 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations
Division of Compressions	Division or corborations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11,	n of 11 C	, , , , , ,
HUP (Name of the Lin	nited Liability Corbundt as It now someons on our re	" I AO IIG I
The Articles of Organization for this Limited Florida document number £23,000	Liability Company were filed on FC 60000	JALLAHASSEE. FLORID
This amendment is submitted to amend the fo	Howing:	
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 appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
	<u> </u>	
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our records, ess here:	enter the name of the new regist
Name of New Registered Agent:	Ericka Katrina	Echezareta
New Registered Office Address:	e e)	
	Enter Florida stre	ei aaaress
	City	, Florida Zip Code
	<i>5,</i>	Zip Couc

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documenteing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New 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

Title	Name	Address	Type of Action
	Ericka Katrina Echezenrela	1 Cest NE 113th Street	
· ·	Echezenrela	Apt (1C	Remove
		Apt (10 Miami, FL 33181	C) Change
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Filing Fee: \$25.00