L23000123680

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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☐ PICK-UP ☐ WAIT ☐ MAIL
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T. SCOTT

APR 14 2023



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COVER LETTER

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TO: Registration Se Division of Cor		•	
HAPPY CI SUBJECT:	EANING LLC		
SUBJECT:	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:	
	ORFILIA RIVERA		
		Name of Person	
		Firm/Company	
	1500 CRESCENT CIRCLI	E. UNIT A27	
		Address	
	LAKE PARK, FL 33403		
	Oriveral Fagmail com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please of	aH:	
ORFILIA RIVERA		561 2013306 at ()	
Name o	t Person	at ()	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

HAPPY CLEANING LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000123680</u>	Company were filed on 03/09/2023	and assigned
This amendment is submitted to amend the following:		200
A. If amending name, enter the new name of the lim	ited liability company here:	PRI APR
PALM BEACH HAPPY CLEANING LLC		PR PR
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LL	C" or the abbreviation \$1.1C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	OFFICE OF THE PROPERTY OF THE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	///
	Cuv.	lorida Zip Code

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.

IN Changing Registered Agent, Signature of New Registered Agent

1 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	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the da	03/09/2023 te of filing:		(optional)	
ffective date, if other than the da an effective date is listed, the date must be	specific and cannot be prior t	to date of filing or more than	90 days after filing.) Pursuant to	605,020
<u>(ote:</u> If the date inserted in this block ocument's effective date on the Depa		ible statutory illing requ	rements, this date will not be	nsteu as
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record specifies a delayed effective de	ate, but not an effective fir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
t is filed.			•	
April 14th Pated	2023			
	(C)			
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Filing Fee: \$25.00