## L23000261810

(F	Requestor's Name)	
(,A	Address)	
	(ddress)	
•	•	
	City/State/Zip/Phone #)	
,,	ntyrotaterziprenone #)	
PICK-UP	WAIT	MAIL
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(8	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of S	tatus
	Certificates of S	<del></del>
Special Instructions to Fi	ling Officer: 🏒 🛴	
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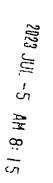
Office Use Only



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(9 :

FLORIDA CAPITAL COURIER SERVICES, 1 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	INC
Please use funds from this account: I202100001  Authorization Signature  Happi Tailz LLC   BUSINESS  L23000267870	
Certified Copy of Articles _X_ Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLLLP	X Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS REGIS	TERATION/QUALIFICATIONS
Trademark Annual Report Fictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLE	Other

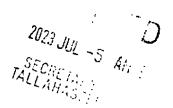
EXAMINIER'S INITIALS:\_\_\_\_

2330 CLARE DRIVE TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from this account:	120210000160 · \$30.00
Authorization Signature for 4	<u>- μου</u>
Happi Tailz LLC // L23	000267870
BUSINESS	DOC#
Certified Copy of Articles	
_X_ Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. or me
Officer/Director	Dissolution
Limited Liability	Change of Registered Age
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated A
	Statement of Authority
OTHER FILINGS	
	REGISTERATION/QUALIFICATIONS
<u>Trademark</u>	
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	<del>-</del>
*	

## **COVER LETTER**

	Segistration Sec Division of Corp			
CIVE ID.C	Happi Tailz l	LLC		
SUBJEC	1:	Name of Limit	ed Liability Company	
The enclo	sed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please ret	turn all correspon	dence concerning this matter t	o the following:	
		Ti'ana M. Johnson		
			Name of Person	
		Happi Tailz LLC		
The enclosed  For furth Ti'ana M  Enclosed			Firm/Company	
		4432 Calamondin st.		
SUBJECT: The enclosed Please return  For further in Ti'ana M. Joi  Enclosed is a  \$25.00 F			Address	····
		Lady Lake Fl. 32159		
			City/State and Zip Code	
		tianaweingarten@icloud.com		
			to be used for future annual report notif	ncarion)
For furth	er information co	oncerning this matter, please or	ll:	
Ti'ana M	l. Johnson		352 874-8222 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	lis a check for th	e following amount:		
□ <b>\$2</b> 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee ee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Happi Tailz LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{06/02/2023}{}$	and assigned
Florida document number L23000267870	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)	
Enter new mailing address, if applicable:	<del></del>	·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records,	enter the name of the new registered
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete performance of my duti ent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Jared M. Weingarten	4432 Calamondin st	<b>=</b> Add
		Lady Lake Fl. 32159	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□ Add
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Effective date,	if other than the date of filing: (optional)	505 PE
If an effective date in Note: If the date	if other than the date of filing:	5 605.020 5 listed 8
document's effect	ctive date on the Department of State's records.	
	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ord is filed.		
Dated July 3	2023	
Dated		
	ch	
	Signature of a member or authorized representative of a member	_