## L73000269570

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SECRETARY OF STATE ALLAHASSEF, FLORID

VH

## **COVER LETTER**

SUBJECT: Harmonic Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Stephany Fools Guez- Name of Person	D: Registration Section Division of Corpora		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	BLECT: HAD		
Please return all correspondence concerning this matter to the following:			
Please return all correspondence concerning this matter to the following:			
Stephany Pour guez- Name of Person	ase return all corresponden		
	_		
Firm/Company	_		
6102 NW 114th CT #-102 Address	<u>(</u>		
City/State and Zip Code  MUDIN DICAY MICAMI (A) COM (COM)  E-mail address: (to be used for future annual report notification)	_		
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:	r further information concer		
StepWiny Polyigue 7  at (776) 345 3355  Area Code Daytime Telephone Number	Stepwiny Pox Name of Pers		
Enclosed is a check for the following amount:	closed is a check for the fol		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Ĵ\$25.00 Filing Fee □		
Mailing Address:  Registration Section  Street Address:  Registration Section			
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	Division of Corporations		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Play C	pany as it now appears on our records.)	,		
(A Florida Limite	ed Liability Company)			
The Articles of Organization for this Limited Liability Compar Florida document number <u>L23000269570</u> .	ny were filed on $\frac{6/2/23}{}$	a	nd assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	e abbreviat	ion "L.L	.C."
Enter new principal offices address, if applicable:		SE TAL	202	<del> </del>
(Principal office address MUST BE A STREET ADDRESS)		CRETARY C		<del></del>
Enter new mailing address, if applicable:		EE FLOR	0 AM 7:	r.
(Mailing address MAY BE A POST OFFICE BOX)		- <del>                                     </del>	9	<del></del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of th	ne new	registered
Name of New Registered Agent:				<u>-</u>
New Registered Office Address:	Enter Florida street address			
	, Florida		<u> </u>	
	City	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.

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
MGR	Juan Zambrano	6102 No 11411 CT #102 DOICH	33177 T1 ØAdd
			□Remove
			□Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FLOSID E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member