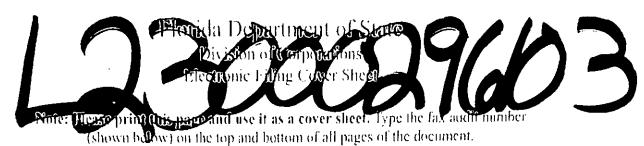
Nov 19, 2024 12:07 (UTC-05)

Disease of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAPPY TAX MULTI SERVICE LLC

Account Number : I20190000101 Phone : (305)904-7224

Fax Number : (305)513-5827

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Frail.	Address:				

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TO: +18506176383 E2-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

ĶATIES MOLHSTRVICT TEC			
(Name of the Lim	ted Llability Comp (A Florida Funited	a <mark>ny as it now appears on our recort</mark> Fiability Company)	<u>[</u>],
The Articles of Organization for this Elimited I Florida document number <u>L23000296103</u>		y were filed on 06/20/2023	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited lial	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	thry Company," the designation "LLC"	" or the abbreviation "L. L.C."
Enter new principal offices address, if appli	cable:	4242 HUNTINGTON FOREST	BLVD
(Principal office address MUST BE A STREE		JACKSONVILLE FL 32257	
Enter new mailing address, if applicable:		4242 HUNTINGTON FOREST	BLVA
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	JACKSONVILLE FL 32257	
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			2 22
New Registered Office Address:	4242 HUNTIN	GTON FOREST BLVD Enter Florida street address	an So
	JACKSONVIL		32257
		LE , Flo	Zir 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 Changing Begistered Agent, Signature of New Registered Agent

v 19, 2024 12:07 (UIC-05) From: +13055905842 (Happy Tax) To:+18505176383 ガスヤンりつっとして If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	KATY Y LOPEZ	4242 HUNTINGTON FOREST BLVD	. Add
		JACKSONVILLE FL 32257	
			≡ Change
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			(Remove
			LiRemove
			[]Change
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fective date, if other than the	late of filing:	2 20 1	(optional)	on was agon
an effective date is listed, the date must lote: If the date inserted in this blo	be specific and cannot be prior ck does not meet the applic	to date of tiling or more than able statutory filing requi	rements, this date will not	he listed as
ocument's effective date on the De	partment of State's records			
record specifies a delayed effective	date, but not an effective tr	me, at 12:01 a.m. on the	earher of: (b) The 90th do	ay after the
l is filed.				
NOVEMBER 19	2024			
ated		· ·		
	Kade Luke			
	May July organize of a memicer or with	rized representative of a mo	mber	
KATY Y LOPEZ				
	Type of prints	ed name of signee		