L23000380602

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Happ Name of Linh	EU SMILES Transported Liability Company	ortation
	Amendment and fee(s) are sub-	-	
Please return all corresp	ondence concerning this matter	to the following.	
	Tin	nothy Wallace Name of Person	
		Happy Smiles Tro	insportation
	2935 TWIN () aks DY Address	
	Kissimme	City/State and Zip Code	
	Happy Smiles Email address: (1)	emto amcul. Cur to be used for future annual report not	Mication)
For further information	concerning this matter, please co	all:	
Rakeen	Bell of Person	at (863) 514 12 Area Code Daytim	262 Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Con The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HODIU (MILL I I WILLIAM)Y+(() ()Y	
(A Flori	lity Company as it now appears da Limited Liability Company)	VII Val Tecords.)	
The Articles of Organization for this Limited Liability	Company were filed on 💇	114/2023	and assigned
Florida document number <u>L23000380</u>	<u>60</u> 02		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
P., 4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register		cords, <u>enter the name</u>	of the new registere
agent and/or the new registered office address here	:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	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
AMBR	Ariel Perez	1038 Challedony St	□Add
		KISSIMMER, FL 34744	Remove
			□Change
MGR	Rujaun Brown	7039 Starling rd	□Add
•		Davil FL 33314	WRemove
			□Change
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an effective lote: If the	ate, if other than the date is listed, the date mus date inserted in this ble effective date on the De	t be specific and ock does not m	cannot be prior t eet the applica		more than 90 days		
record spe I is filed.	rifies a delayed effectiv	e date, but not	an effective tir	ne. at 12:01 a.m	. on the earlier c	of: (b) The 90th (day after the
ated	september 1	7th	2024	_ ·			
	/ /						
	Rc		? } _	rized representati			

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