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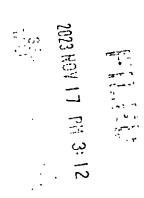
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

CLIDITY CT.	1E CORRETION			
	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:		
	MAICA MESIDOR			
		Name of Person		
	CARRING FOR HAPPINI	ESS		
		Firm/Company	•	
	6704 RIO PINAR			
		Address		
	North Lauderdale, Florida	33068		
		City/State and Zip Code		
	desrosiersmedical@gmail.co	om to be used for future annual report notific		
For further information a	roncerning this matter, please ca	·	ca(ion)	
Jean Alix Desrosiers				
	f Person	at () 665 0142 Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration :	Section	Street Address: Registration Sect		
Division of C	Corporations	Division of Corp	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARRING FOR HAPPINESS
(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 Company were filed on November 01, 2023 and assigned Elorida document number L23000497966
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
CARING FOR HAPPINESS
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida 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 Changing Registered Agent, Signature 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	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

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	date, if other than the date of filing: (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	12/7/2023
	Signature of thember browthorized representative of a member
	Jean Alix Desrosiers
	Typed or printed name of signee

Filing Fee: \$25.00

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of CARRING FOR HAPPINESS LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on November 01, 2023, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L23000497966.

Authentication Code: 231104152118-400418307914#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of November, 2023



Secretary of State

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State of Florida Department of State

I certify from the records of this office that CARRING FOR HAPPINESS LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on November 01, 2023.

The document number of this company is L23000497966.

I further certify that said company has paid all fees due this office through December 31, 2023, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 231104152118-400418307914#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of November, 2023



Secretary of State

Electronic Articles of Organization For Florida Limited Liability Company

L23000497966 FILED 8:00 AM November 01, 2023 Sec. Of State olsimmons

Article I

The name of the Limited Liability Company is: CARRING FOR HAPPINESS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6704 RIO PINAR NORTH LAUDERDALE, FL. US 33068

The mailing address of the Limited Liability Company is:

6704 RIO PINAR NORTH LAUDERDALE, FL. US 33068

Article III

The name and Florida street address of the registered agent is:

MAICA MESIDOR 6704 RIO PINAR 6704 RIO PINAR NORTH LAUDERDALE, FL. 33068

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MAICA DELLY MESIDOR

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR MAICA MESIDOR 6704 RIO PINAR

NORTH LAUDERDALE, FL. 33068 US

Title: AMBR

JEAN ALIX DESROSIERS

6704 RIO PINAR

NORTH LAUDERDALE, FL. 33068 US

Title: AP

JEAN ALIX DESROSIERS

6704 RIO PINAR

NORTH LAUDERDALE, FL. 33068 US

Signature of member or an authorized representative

Electronic Signature: JEAN ALIX DESROSIERS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L23000497966 FILED 8:00 AM November 01, 2023 Sec. Of State