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## **COVER LETTER**

## Registration Section Division of Corporations TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Day		
		Name of Person	<del></del>
	O'Happy Day Enterprises.	LLC	
		Firm/Company	
	85 Pine Valley Court		
		Address	
	Rotonda West, FL 33947		
		City/State and Zip Code	
	mpday50@gmail.com		
	E-mail address: (	to be used for future annual report notific	ration)
For further information	concerning this matter, please ca	all:	
Michaael Day		941 662-8200 at ( )	
Name	of Person	Area Code Daytime	Felephone Number
Enclosed is a check for	the following amount.		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O'Happy Day Enterprises, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) ny)
he Articles of Organization for this Limited Liability Company were filed or	n 02/05/2024 and assigned
forida document number 1.24000066090	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	y here:
· · · · · · · · · · · · · · · · · · ·	
he new name must be distinguishable and contain the words "Limited Liability Company."	the decimation "I I (" or the abbreviation "I I f"
te new name must be distinguishable and contain the words. Chinten Dabinty Company,	the designation three of the addreviation inflict.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	729
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	1/2
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u>ာ</u>
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## 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.

City

Zip Code

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	Nina Gonzalez	85 Pine Valley Court, Rotonda West, FL 33947	🗆 Add
			Remove
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			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior ock does not meet the application	to date of filing or more than able statutory filing requi	(optional) n 90 days after filing.) Pursuant to frements, this date will not be	o 605.0207 (3) e listed as tne
ne record specifies a delayed effective ord is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated April 3	. 2024			
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	Il land the standard			
·	Signature of a member or author	oriecd representative of a m	ember	<u> </u>