



(Re	equestor's Name)	<del></del>
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
4	Office Use Onl	lv



500425698685

03/45/24--01011--023 \*\*25.00

## **COVER LETTER**

Tallahassee, FL 32314

## Scanned with CamScanner

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Hime Real of Company (A Florida Limited Lin	A dithow appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number 4000 109361.	vere filed on 3/4/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  Happy Home Fealty by Tod;  The new name must be distinguishable and contain the words "Limited Liability".	L'Houroux, UC	abbreviation "L.L.C."
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 a gent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter the</u> na	THE SEE STATE 22 22 ame of the new registered
New Registered Office Address:		
New Registered Office Audiess.	Enter Florida street address	
	City , Florida	Zip Code
Registered Agent's Signature, if changing Registered Agent:		
reby accept the appointment as registered agent and agre- visions of all statutes relative to the proper and complete ept the obligations of my position as registered agent as p g filed to merely reflect a change in the registered office pany has been notified in writing of this change.	performance of my duties, and I d provided for in Chapter 605, F.S. (	or, if this document is

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

Title	Name	Address	Type of Action
			□Add
			CRemove
			□ Change
			□Add
			Петюче
<del></del>			☐Add
			□Remove
			Change
			DAdd
		□ Remove	
			DChange
			□Add
			□Remove
			☐ Change
			LbA⊡
			\BChange

## Scanned with CamScanner

), l(ı	mending any other information, enter change(s) here: (Attach additional sheets, if necessary)
	برابرام ا
ote:	ve date, if other than the date of filing: 5/14/24 (optional) excive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ecord is file	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 d.
	5/14 2024
.ea _	Signature of a member or authorized representative of a member
	Superture of a member of authorized representative of a member  Tol. L'HORW UN MPEN  Typed or printed name of signee

Filing Fee: \$25.00