

8/23/24 11:11 AM

Division of Corporations

L24000292991

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H240002831503)))



H2400028315034BCZ

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To:

Division of Corporations
Fax Number : (850)517-6383

From:

Account Name : HAPPY TAX MULTI SERVICE LLC
Account Number : 120190000101
Phone : (305)904-7224
Fax Number : (305)513-5827

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

RECEIVED

2024 AUG 23 AM 11:26

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

Email Address: Happytaxmultiservice@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
EMILY AND DAUGHTERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

AUG 23 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H240002231503

Emily and Daughters LLC
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 6/24/00029299 and assigned Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal officers 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) _____

10300 SW 72nd St
Unit 161
Miami, FL 33173

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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H2400022831503

H240002331503

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>	<u>Address</u>	<u>Type of Action</u>
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Add

Remove

Change

Add

Remove

Change

Add

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Change

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Change

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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *Attach additional sheets if necessary.*

1
2
3
4
5

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

(c) $\text{Date} = \text{Date} - \text{Date}$ and the date must be specific and cannot be prior to date of filing or more than 90 days after "the date of filing" or "the date of filing".

Notes: If the date reported 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.

If the record 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 record is filed.

August 23, 2024

[Signature]
 10/12/2014

Angela Hayes

Typed or printed name of signer