L24000295648



Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
НАРРУ П	OME BROKERAGE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
	C	·	
	Michelle Cangialosi		
		Name of Person	
	HAPPY HOME BROKER	AGE LLC	
		Firm/Company	
	7600 NW 5th Place		
		Address	
	Gainesville, FL 32607		
		City/State and Zip Code	
	office@happyhome-constru		77-101-101-101-101-101-101-101-101-101-1
		to be used for future annual report noti	meation)
	concerning this matter, please co		
Michelle Cangialosi		954 422-3328 at () Area Code Daytin	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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		Street Address:	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY HOME BROKERAGE L			
(<u>Name of the Lim</u>	ited Liability Comp: (A Florida Limited	any as it now appears on our re- Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited I Florida document number L24000295648		were filed on 07/01/2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	-	
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
			<u></u>
B. If amending the registered agent and/or		address on our records, <u>en</u>	ter the name of the new regis
agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:			
New Registered Office Address:	14260 W New	berry Road #368	
		Enter Florida street ad	dress
	Newberry		, Florida ³²⁶⁶⁹
	-	City	

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
		<u></u>	□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	Michelle Cangialosi
	Signature of a dember or authorized representative of a member
Dated	09/26/2024
f the record secord is fi	d 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 led.
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
-	
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Filing Fee: \$25.00