Division of Corporations

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

(((H22000391877 3)))



H220003918773ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065

: (305)371-5758

Fax Number : (305)371-3178

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. Email Address:

0

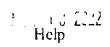
ä

COR AMND/RESTATE/CORRECT OR O/D RESIGN HAPPY ALWAYS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



From: Claudin Rossi

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Fax: 13053715758

To:

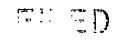
Fax: (850) 617-6380

Page: 2 of 5

11/16/2022 5:04 PM

H22000391877

Articles of Amendment to Articles of Incorporation



2022 NOV 17 AHTH: 07 HAPPY ALWAYS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 97175 P04000018532 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Fax: 13053715758 To: Fax: (850) 617-6380

Page: 3 of 5 11/16/2022 5:04 PM H22000391877

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

From: Claudia Rossi

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; \tilde{T} = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	DIAZ, GERARDO	7120 WEST TROON CIRCLE
Add	·		MIAMI LAKES, FL 33014
X Remove			7120 WEST TROON CIRCLE
2) Change	D	DIAZ, CONSUELO	MIAMI LAKES, FL 33014
XAdd			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	•	
From:	Claudia	Rossi

Fax: 13053715758

To:

Fax: (850) 617-6380

Page: 4 of 5

11/16/2022 5:04 PM H22000391877

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

From: Claudia Rossi

Fax: 13053715758 To:

Fax: (850) 617-6380 Page: 5 of 5 11/16/2022 5:04 PM

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharehol	der action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes east for the amer sufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following ir each voting group entitled to vote separately on the amendment	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
Novembe	r 16. 2022	
Dated		
Signature	July	
(By a select	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Jonathan Feuerman	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	