

L22000214158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

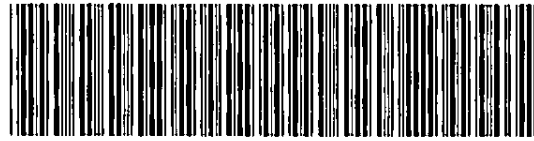
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 JUL 12 PM 12:13
STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 JUL 12 PM 1:57
OFFICE OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HappinessUp LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Filing Department

Name of Person

Incorporate Now Inc

Firm/Company

512 Lucerne Ave.

Address

Lake Worth, FL 33460

City/State and Zip Code

support@incorporatenow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Filing Department

Name of Person

at (**800**)

Area Code

371-1217

Daytime Telephone 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 (additional 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

HappinessUp LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2025, 12 PM 12:13

STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on May 5, 2022 and assigned
Florida document number L22000214158.

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 offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

512 Lucerne Ave., Suite 196
Lake Worth, FL 33460

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

512 Lucerne Ave., Suite 196
Lake Worth, FL 33460

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:

Incorporate Now Inc

New Registered Office Address:

512 Lucerne Ave.

Enter Florida street address

Lake Worth

Florida

33460

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

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>
<u>MGR</u>	<u>Yollo Corp</u>	<u>512 Lucerne Ave., Suite 197</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Worth, FL 33460</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Yollo Corp</u>	<u>3736 SW 30th Avenue</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33312</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

2023 JUL 12 PM 12:13
 DEPARTMENT OF STATE
 TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's 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.

Dated July 11 2023

Siarhei Kiklevich

Signature of a member or authorized representative of a member

Siarhei Kiklevich

Typed or printed name of signee