

L18000146395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

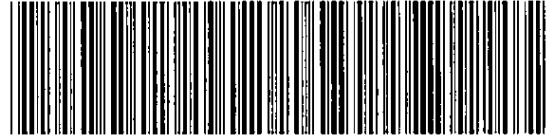
(Business Entity Name)

(Document Number)

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11/28/23--01004--013 **55.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AAHAPPYDEAL AUTO SALES AND SERVICE ,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:

AGELET ST HUBERT

Name of Person

Firm/Company

764 AQUA SURF CT

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

AAHAPPYDEAL@GMAIL.COM

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

For further information concerning this matter, please call:

AGELET ST HUBERT

Name of Person

904 554 6051
at ()

Area Code

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**

AAHAPPYDEAL AUTO SALES AND SERVICE J.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 JUNE 13, 2018 and assigned Florida document number L18000146395.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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: THEGOLDEN TRUST

New Registered Office Address: 764 AQUA SURF CT

Enter Florida street address

JACKSONVILLE, Florida 32225

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.

The golden Trust. ua. 9-5-23. Agent student. TEE
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>
MGR	THEGOLDEN TRUST	764 AQUA SURF CT, JAX, FL 32225	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AGELET ST HUBERT	764 AQUA SURF CT	<input type="checkbox"/> Add
		JACKSONVILLE, DL 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

ARTICLE III HAS BEEN AMENDED TO:

THE NAME AND THE ADDRESS OF THE NEW REGISTERED AGENT IS: THEGOLDEN TRUST

764 AQUA SURF CT, JACKSONVILLE FL 32225

SIGNATURE OF THE NEW REGISTERED AGENT: Thegolden Trust. UA. 9-5-23. Agelet St Hubert. TTEE

ARTICLE IV HAS BEEN AMENDED TO: THE NAME AND ADDRESS OF PERSON (S) AUTHORIZED TO

MANAGE LLC: TITLE: MGR

THEGOLDEN TRUST

764 AQUA SURF CT, JACKSONVILLE, FL 32225

ARTICLE V HAS BEEN AMENDED TO: SIGNATURE OF MEMBER OR AN AUTHORIZED

REPRESENTATIVE SIGNATURE IS: Thegolden Trust. UA. 9-5-23. Agelet St Hubert. TTEE

E. Effective date, if other than the date of filing: 11/20/2023 **(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 _____, _____.

Thegolden Trust. UA. 9-5-23. Agelet St Hubert. TTEE
Signature of a member or authorized representative of a member

THEGOLDEN TRUST. UA. 9-5-23. AGELET ST HUBERT. TTEE

Typed or printed name of signee