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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAPPY CAR SALES I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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S. ROBERTS Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Car Sales I, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compared Florida document number    L21000020517	ny were filed on 01/07/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)		
	<del></del>	<del>.</del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2
		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of the new regist
New Registered Office Address:		
	Enter Florida street addres	is
		orida
	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.

15612148442

→ 18506176383

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>	Address	Type of Action
MGR	Michael Internoscia	One West Las Olas Boulevard, Suite 500	🗆 Add
		Fort Lauderdale, FL 33301	Remove
			□ Change
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
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			□Add
			□ Remove
			∏ Change

<del></del>	
<del></del>	
- Frantisca	data if atheresis and a data of CV
fan effecti <u>Note:</u> If t	date, if other than the date of filing:
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/20 2023
	Signature of a member or authorized representative of a member
	Michael Internoscia
	Typed or printed name of signee