

L21000365143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

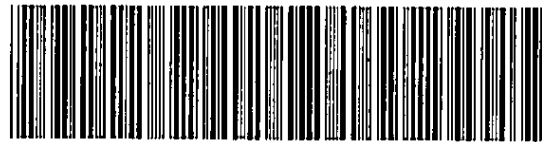
(Document Number)

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21 AUG 23 PM 3:26

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HAPPY CAR SALES II 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:

RICHARD PUAL EMIHKE

\_\_\_\_\_  
Name of Person

HAPPY CAR SALES II LLC

\_\_\_\_\_  
Firm/Company

201 W. STATE RD 84

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL. 33315

\_\_\_\_\_  
City/State and Zip Code

rich@happycarsflorida.com

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

For further information concerning this matter, please call:

Richard Emhke

714  
at ( )

222 - 6400

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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



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

21 AUG 23 PM 3:27

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD PAUL EHMKE	201 W STATE ROAD 84	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL. 33315	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LOUIS MORICI	201 W. STATE RD 84	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL. 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

AT THE MOMENT OF REGIDTRATION RICHARD PAUL EHMKE. WAS APPOINTED AS AMBR WITH  
AN INCOMPLETE NAME BY MISTAKE THE CORRECT NAME IS RICHARD PAUL EHMKE AND HIS  
TITLE SHOULD BE MGR.

LOUIS MORICI IS NOT A MEMEBER NOR AMBR NOR A PART OF THIS COMPANY AT ALL.

21 AUG 23 PM 3:21

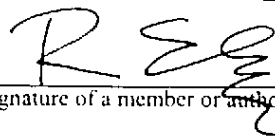
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 AUGUST 18TH, 2021



Signature of a member or authorized representative of a member

RICHARD PAUL EHMKE

Typed or printed name of signee