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## **COVER LETTER**

SUBJECT:  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 EMHKE  Name of Person  HAPPY CAR SALES II LLC  Firm/Company  201 W. STATE RD 84  Address  FORT LAUDERDALE, FL. 33315  City/Nate 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  Name of Person  Total 222 - 6400  Daytime Telephone Number  Enclosed is a check for the following amount:
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 EMHKE  Name of Person  HAPPY CAR SALES II LLC  Firm/Company  201 W. STATE RD 84  Address  FORT LAUDERDALE, FL. 33315  City/Ntate 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  Name of Person  Name of Person  Daytime Telephone Number
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Richard Emhke  Total Code  Name of Person  Total Code  Total Code  Daytime Telephone Number
For further information concerning this matter, please call:  Richard Emhke  Total 222 - 6400  Name of Person  Area Code  Daytime Telephone Number
Name of Person at ()  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
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■ \$25.00 Filing Fee Certificate of Status  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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(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 Florida document number <u>L21000365143</u>	were filed on $\frac{08/13/2021}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here;	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, g	enter the name of the new registered
Name of New Registered Agent:	<u></u>	<u></u>
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duti covided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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

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<u>Title</u>	<u>Name</u>	Address 21 AUG 23 PM 3: 27	Type of Action
MGR	RICHARD PAUL EHMKE	201 W STATE ROAD 84	
		FORT LAUDERDALE, FL. 33315	□Remove
			<b>■</b> Change
AMBR	LOUIS MORICI	201 W. STATE RD 84	□Add
		FORT LAUDERDALE, FL. 33315	■Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change

AN INCOMPLETE NAME BY	MISTAKE THE CORRECT NAME IS	RICHARD PAUL EHMKE AND HIS
TITLE SHOULD BE MGR.		
LOUIS MORICHIS NOT A ME	MEBER NOR AMBR NOR A PART O	F THIS COMPANY AT ALL.
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fective date, if other than the da n effective date is listed, the date must be	specific and cannot be prior to date of filing o	(optional) r more than 90 days after filing.) Pursuant to 605.0207
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and the street of the steph	entent of state 3 feetites.	
ecord specifies a delayed effective da	ite, but not an effective time, at 12:01 a.r	n, on the earlier of: (b) The 90th day after the
is filed.		· · · · · · · · · · · · · · · · · · ·
, AUGUST 18TH	2021	
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Typed or printed name of signee