121000365143

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	r/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	it Number)
Special Instructions to Filing (Officer:
(Document (Docum	nt Number) Certificates of Status





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動 SEP 20 PH 5: 25

O SIMMON SEP 28 2021

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Нарру	Car Sales ILLC	
	Name of Lim	nted Habitity Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #1320	
		Address	
		Houston, TX 77046	
		City/State and Zip Code	
	heat	her@happycarsflorida.com	Titications
For further information e	oncerning this matter, please c	·	
Sonia B	ecerra	at (<u>877</u>)	.0450
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
S \$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 Addres		Street Address:	
Registration S Division of C		Registration Solution of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee 1	FI 32314	2415 N. Monre	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF # SEr 20 PH 5: 25

Happy Car Sa (Name of the Limited Liability Compar (A Florida Limited L			<u> </u>
		08/13/2021	um d'an el me el me el de
The Articles of Organization for this Limited Liability Company	were fried on		and assigned
Florida document numberL21000365143			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the di	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
<u></u>	<u> </u>		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our re	ecords, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	_ _ .
New Registered Office Address:			
ivew registered Office radiess.	Enter Flori	ida street address	
		, Florid	9
	Cuy	, 1 10110	Zıp 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Address	20 Prype: of Action
MGR	Louis Morici	201 W. State Road 84	<u>.</u> ∴ □Add
		Fort Lauderdale . FL 33315	∏]Remove
			□Change
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ffect	ive date, if other than the date of filing:
<u>Sote:</u>	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor d is fi	d 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 led.
ated	9/10/ 2021
	Signature of a member or authorized representative of a member
	the state of the s
	Richard Ehmke Typed or printed name of signee
	· ·· · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00