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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:

PEPARTHER OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAPPY CAR SALES II LLC

Certificate of Status	0
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Corporate Filing Menu

Help

S. RODERIS

JUL 25 2020

ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION **OF**

Happy Car Sales II, LLC		
(<u>Name of the Limited Liabli</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability (Company were filed on 06/13/2021	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,3
Principal office address MUST BE A STREET ADD	RESS)	
		··
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		ر
B. If amending the registered agent and/or registere gent and/or the new registered office address here:		he name of the new registe
Manya of Navy Davintonad Ament.		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Futur Elovida otenat allega	
	Enter Florida street address	rida

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 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>	Name	Address	Type of Action
MGR	Michael Internoscia	One West Las Olas Boulevard, Suite 500	🗆 Add
		Fort Lauderdale, FL 33301	≣Remove
			□Change
			□Add
			🗆 Remove
			□ Change
		<u></u>	□Add
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fective date, if other than th	e date of filing: st be specific and cannot be prior to date o	(option	nal)
AAAA III maa aana misentaa iii iilis t	TOUR GOES HOT HIGH THE ADDITION OF STAIL	f filing or more than 90 days after fi	iling.) Pursuant to 605.0207
ocument's effective date on the L	Department of State's records.	to quite indicate in a contract of the contrac	date will flot be fisted as
record specifies a delayed effecti is filed.	ve date, but not an effective time, at I	2:01 a.m. on the earlier of: (b)	The 90th day after the
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ated	7023		
SANTA.	<u> </u>		
11 4/01	Signature of a member of a		
	Signature of a member or authorized rep	oresentative of a member	
Michael Internoscia			
	Typed or printed name	of signee	

Filing Fee: \$25.00