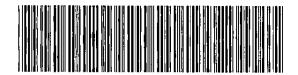
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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1.5.

COVER LETTER

TO: Registration Division of (i Section Corporations	,	
SUBJECT:	tappy Wheels Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	Gar	Scott Pasc	hat
		Firm/Company	
	<u>5200 NW</u>	43rd Ste	102-335
	Gainesvill	L FU 32600 City/State and Zip Code	<u>0</u>
	Coach 50 E-mail address' (to	o be usaffor tuture annual report no	Y\\tilication)
For further information	on concerning this matter, please ca	·	
Scō Nan	H Paschal	at (<u>386)</u> <u>338</u> Area Code Daytii	55 24 me Telephone Number
Ençlosed is a check fo	or the following amount:		
№ \$25,00 Filing Fee		□ \$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
Tallahaman FL 22214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Wheel (Name of the Limited Liability Coun	pany as it now appears on our ad Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 230001 746 3 b</u> .		and assigned
This 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	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 S.F.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10 PH 12: 42
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records	, enter the name of the new registered
Name of New Registered Agent		
New Registered Office Address:	Enter Florida stree	et address
		, Florida
	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.

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	ANASTASIYA PASCHAL	5200 NW 43 of J Ste 102-335 G-VIIL, FL 326d	įD/\dd
			□Change
	- , 		□Add
			□Remove
			□Change
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			□Remove
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			□Remove
			□Change
 			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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 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 <u>June 10</u> . 2024
Signature of a member or authorized representative of a member
Gary Scott Paschal JTyped or printed name of signee

Filing Fee: \$25.00