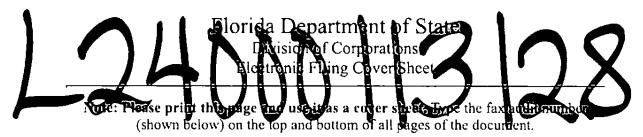
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Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 : (407)449-2348 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

INFO@CLAUDIALIMATAX.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GO HAPPY CARS LLC

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M. SOLOMON

JUN - 5 2024

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Tallahassee, FL 32314

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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO HAPPY CARS LLC (Name of the Lim	ilted Liability Compa (A Florida Limited L	ny as it now appears on our lability Company)	records.)			
The Articles of Organization for this Limited Florida document number L24000113128	Liability Company	were filed on	ı	_ and a	ssigned	l
This amendment is submitted to amend the following	llowing:					
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 Liabil	ity Company," the designatio	n "LLC" or the abbre	viation "	L.L.C."	
Enter new principal offices address, if applicable:		10078 Tuller loop apt 4				
(Principal office address MUST BE A STRE		WINTER GARDEN, FI	J 34787		10.36	_
			-		1=	
Enter new mailing address, if applicable:		10078 Tuller loop apt 4	202		5	
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	WINTER GARDEN, FI	_ 34787	, ,	2 :	
0.4				• : •	- 11 - 7] -	
B. If amending the registered agent and/or agent and/or the new registered office addr-		ddress on our records.	enter the name o	of the n	_	stered
Name of New Registered Agent:	CLAUDIA LIM	IA TAX & ACCOUNTING	G LLC			
New Registered Office Address:	9100 CONROY	WINDERMERE, RD SU	ITE 200 OFFICE 2	41		
		Enter Florida street	address		-, -	
'	WINDERMERI	- 	, Florida ³⁴⁷⁸⁶			
		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 Changing Registered Agent, Signature of New Registered Agent

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Change

FAX -	2. +14074492348	<u> </u>	<u> </u>	/8 2 5.6.2	

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>	<u>Name</u>	Address	Type of Action
AMBR	ARGEL VERDI SEBEN	125 E PINE ST APT 1803	
		ORLANDO, FL 32801	CI n
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te: If the date inserted in this bl	ock does not meet the applicabl	date of filing or more than 90 e statutory filing requirer	days after filing.) Pursuant to nents, this date will not be	605.0207 listed as
cument's effective date on the D	epartment of State's records.			
		e, at 12:01 a.m. on the ear	licr of: (b) The 90th day	after the
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•	re date, but not an effective time			
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