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SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

Division of Co	
SUBJECT:	MY WAY LLC (Name of Limited Liability Company)
and the same	(Name of Limited Liability Company)
•	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	DANY CAMPOS (Name of Person)
	My WA-y LLC (Firm/Company)
	6708 Pemberton OAKS
	Seffner FC 33584 (City/State and Zip Code)
For further information	concerning this matter, please call:
DANY	CAMPOS at (813) 531-1884
(Name	(Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

08 HAR 27 AH II: 51

SECRETARY OF STATE

		TALLAHASSEE FLORIDA
MYu	1AY LLC	
(Name of the Limited Lial	bility Company as it now appears or rida Limited Liability Company)	our records.)
		67/06
The Articles of Organization for this Limited Liabili		$\frac{73710 \varphi}{}$ and assigned
Florida document number <u>L06 000 122</u>	<u>-400</u> .	
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	' the designation "LLC" or the abbreviation
L.D.C.		
B. If amending the registered agent and/or re	egistered office address on our	records, enter the name of the new
registered agent and/or the new registered office	•	
		·
	·	
Name of New Registered Agent:		•
•		
New Registered Office Address:	Finton	Florida straat address
	(Enter Florida street address)	
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	torad Agants	
vew Registered Agent's Signature, it changing Regis	tered Agent,	
I hereby accept the appointment as registered ag	ent and agree to act in this capac	city. I further agree to comply with
the provisions of all statutes relative to the prope		
accept the obligations of my position as registere		
being filed to merely reflect a change in the regis	stared office address. I hereby co-	afium that the limited lighility
company has been notified in writing of this chan		njirm inai ine iimilea ilaviiliy
company has been notified in writing of this chan		njirm inai ine iimilea ilabilily

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** MERM LUIS CAMPOS Remove Remove ☐ Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE LLC IS: NOT TRANSPORTATION DAY MORE NOW is DISTRIBUTION OF GOODS Dated 03/24/08 Signature of a member or authorized representative of a member DANY CAMPOS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00