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## **COVER LETTER**

TO: Registration Se Division of Cor			
• •	tors Row, LLC.		
SUBJECT:	Name of Limit	ed Embility Company	
The enclosed Articles of	Amendment and feets) are subn	nitted for filling.	
Please return all correspo	ondence concerning this matter t	o the following:	•
	Daniel Pearce		
		Name of Person	
	Find A Way Capital, LLC		
		FirmeCompany	
	PO Box 470367		
		Address	
	Celebration, FL 34747		
		City/State and Zip Code	
	dj@ findawaycapital.com E-mail address: (1	to be used for future annual report not	lification)
For further information c	concerning this matter, please co		
Daniel Pearce		407 374-2540	
Name C	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Ман	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3001 Directors Row, LLC.		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Torida document number	were filed on	and assigned
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Find A Way Transport Co., LLC.		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7 40
	<del></del>	
Enter new mailing address, if applicable:		至
Mailing address MAY BE A POST OFFICE BOX)		<u></u> <u></u>
		· • • • • • • • • • • • • • • • • • • •
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		nter the name of the nev
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Part - Planida Acada de	
	Enter Florida street address	
	, Florida	
	Cin	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

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 = N \\ AMBR = A $	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			☐ Remove
			☐ Change
			.□ Remove
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fective date, if other than meffective date is listed, the dat otes. If the date inserted in the cument's effective date on t	is block does no	ot meet the applica	ble statutory filing	ore than 90 days after grequirements, the	ional) er filing.) Pursuant t is date will not be	o 605.0207 (3)(1 e listed as the
record specifies a dela The 90th day after the			an effective t	ime, at 12:01	a.m. on the e	earlier of:
October 24		2017				
	$\sim$	•				
	$\overline{}$	Pagnember or autho				_

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