

✓  
L080000116943

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

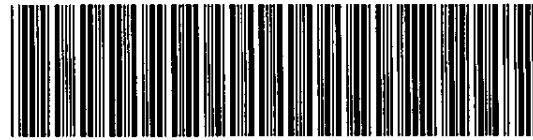
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500253566225

11/07/13--01004--008 \*\*25.00

2013 NOV -7 PM 3:00  
FALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 8 2013

EXAMINED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Rite Way Transportation LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Ramsaran Charran**

Name of Person

**Rite Way Transportation LLC**

Firm/Company

**11245 Tuscarora Lane**

Address

**Minneola, FL 34715**

City/State and Zip Code

**ritewaytran@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Fatima Charran**

Name of Person

**352 516-8229**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 NOV -7 PM 3:00  
TALLAHASSEE, FLORIDA

**Rite Way Transportation LLC**

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Reinier Samsingh	11245 Tuscarora Lane	<input checked="" type="checkbox"/> Add
		Minneola, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED  
TALLAHASSEE, FLORIDA  
NOV - 7  
3:00 PM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---

---

---

---

Dated November 5th, 2013.



Signature of a member or authorized representative of a member

Ramsaran Charran

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV -7 PM 3:00  
TALLAHASSEE, FLORIDA