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TO:	Registration Section		
	Division of Corporation		

🚃 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

352 516-8229

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

325.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rite Way Transportation			
(Name of the Limiter	<mark>d Liability Com</mark> A Florida Limite	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number	Liability Compa	any were filed on 12-28-2	2008 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited l	iability company here:	
N/A			
The new name must be distinguishable and end wi "L.L.C."	ith the words "L	imited Liability Company," (he designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	7. 20
(Principal office address MUST BE A STREE	<u>ET ADDRESS</u>		ZO NOV - 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	P. P.
			95 50 September 1997
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter F	lorida street 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 608, 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 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>	Address 3	Type of Action
mgrm	Reinier Samsingh	11245 Tuscarora Lane	Add
		Minneola, FL 34715	Remove
			- Add
			Remove
			Add
		ZL AHAS	Remove
		SSECTION OF THE PROPERTY OF TH	Add &
			Add
			Add
			Remove

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

Dated November 5th	2013
Dated	,
(F) amean	- Chan
	a member or authorized representative of a member
Ramsaran Charran	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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