L09000097306

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EDD 22 2.22

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rite Way Auto Transport 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:
Jeff Lassen Name of Person
RITE WAY AUTO TRAINSPORT LLC Firm/Company
3917 NW 126th Ave
COVAL SPYINGS FL 33065 City/State and Zip Code Jeff & RiteWay Autotransport. Com E-mail address: (to be used for future annual report notification)
Jeff E RiteWayAutotransport. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jacqueiyn Waldman at (56) 251-3355 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	o transport	
(Name of the Limited Liability) (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L090009730</u> &	Company were filed on <u>QC</u> 	tober 8, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		_
Rite Way Transpor	rt Group LL(
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	ignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDR	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:		ords, enter the name of the new registered
egun and or the new regions of the desired were.		
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Florid	a 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
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			Remove
			□ Change

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Note: I	e date, if other than the date of filing: 93022 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Datast	september 22 20221
Jacca _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00