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## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	A-Riteway o	f All Counties LLC			
501301301	<del></del>	Name of Limi	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Roy Alterman, esq			
			Name of Person		
	Law Office of Roy A. Alterman P.A.				
			Firm/Company		
		2115 Palm Bay Rd NE 1 E			
		· · · · · · · · · · · · · · · · · · ·	Address	<del>-</del>	
		Palm Bay , Fl 32905			
			City/State and Zip Code		
		raasu4u@aol.com			
		E-mail address: (i	to be used for future annual report n	otification)	
For further it	nformation co	ncerning this matter, please ca	all:		
Roy Alterma	ın		321 726 0009		
-	Name of	Person	Area Code Days	ime Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	filing Fee	Cl \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

TO:

Registration Section

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

A-Riteway of All Counties LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number 1.13000100901	npany were filed on 07/16/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Bosistand Office Address		627
New Registered Office Address:	Enter Florida street uddress	MH 20
	, Florida	Zip Codé []
New Registered Agent's Signature, if changing Registered A	agent:	Zip Codé S
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent heing filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my duties, and I am f ut as provided for in Chapter 605, F.S. Or,	ree to comply widothe amiliar will and if this document is

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>	Name	Address	Type of Action
AMBR	Anthony Wienstien	4300 South Ocean Blvd.	
		Highland Beach, FL 33487	<b>(</b> -1-
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ffective date, if other than th	e date of filing: <u>े</u> ०	m 19	22 (	optional)	
an effective date is listed, the date un ote: If the date inserted in this b			g or more than 90 days y filing requirements	after filing.) Pursuant to 60:	5.0207 ted as
ocument's effective date on the I	Department of State's reco	ords.			
			a C	6 (I) 77 OO( I) A	.,
record specifies a delayed effecti is filed.	ve date, but not an effecti	ive time, at 12:01	a.m. on the earlier o	r: (b) The 90th day and	er inc
January 19	2022				
			<b>&gt;</b>		
	Signature of a member or	TITLE TO AN A TOWN THE PARTY OF	מומווער מו אינוורוו מיוורוו		

Filing Fee: \$25.00