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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: On Way Selvices, LLC  Name of Limited Liability Company
Name of Emilieu Clasmity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deborah Fernanden Name of Person
One Way Gervices, LLC Firm/Company
339 Aldershot Ct.
Kissimmel, FL 34758 City/State and Zip Code
deb @ dispatchonly. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Felinan dez at (407, 202, 031)  Name of Person at Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

On Way Selenated Liability	vices, LLC	our records )	
(A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on <u>JU</u> 394	JUST 8, 2013 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		AL SECTION	
		AE S T	
Enter new mailing address, if applicable:		SS S	
(Mailing address MAY BE A POST OFFICE BOX)		inc. In	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our dress here:	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 = Man	aging Member		•
<u>Title</u>	Name	Address	Type of Action
H6CH /	Evelyn Vargas Arado	335 Aldershot Ct.	Add
	i	Kissimmee, 4L 34758	Remove
MGRH (	David Hrado	335 Aldershot Ct. Lissimmee, 4L 34758	Add
		<del></del>	<del></del>
MQL /	Deborah Femanaly	339 Aldershot Ct. Vissimmee, 7L 34758	Add Remove
MOCH!	Deborah Fernandez	335 Aldershot Ct. Kissimmee, 7L 34758	Add Remove
<del></del>		HASSEE.	Add Remove
<del></del>		FLORDA	Add
	,		<del></del>

). If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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Dated Slittems	U 30 2013
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	h July Francisco
	Signapare of a member or authorized representative of a member
	Dehavah Founander
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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