L13000121812

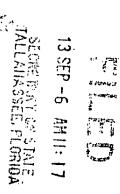
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

The Right Decision 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:

Alvin Jackson

Name of Person

Firm/Company

1970 Windsor Dr. W

Address

North Palm Bch, FL 33408

City/State and Zip Code

nivlajr1@yahoo.com

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

For further information concerning this matter, please call:

Alvin Jackson

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Q\$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

(Name of the Limited Liability Com (A Florida Limite	праду <u>ав и пом appears</u> ed Liability Company)	i on our record	<u>\$</u> .)		
Articles of Organization for this Limited Liability Comparida document number <u>L13000121812</u>	any were filed on 08/2	28/2012		and as	ssigned
ada document number		•	•	-	
s amendment is submitted to amend the following:					
If amending name, enter the new name of the limited l	iability company here	i*	·		
new name must be distinguishable and end with the words "L.C."	Limited Liability Compan	ny," the designa	tion "LLC"	or the	abbrevi
			•	,	
er new principal offices address, if applicable:					
ncipal office address MUST BE A STREET ADDRESS	<u> </u>	•	<u>≥ca</u>	_ <u>-:</u>	
		 	<u> </u>	<u></u>	is typing
	•	,		ရှိ	S, casasa F properi
er new mailing address, if applicable:	**				<u>د - ج</u>
iling address MAY BE A POST OFFICE BOX)			- 47.	<u> </u>	
		• • •	- RE		No. Name of
		-	A	7	
If amending the registered agent and/or registered		ur records, <u>e</u>	nter the	name	of the
stered agent and/or the new registered office address l	<u>here</u> :	•			•
					•
Name of New Registered Agent:					·
New Registered Office Address:	-				
	Ente	er Florida stre	et address		
		, Flori	da		
	City			ip Cod	•

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
MGRM	Alvin Jackson	1970 Windsor Dr. W	Add
	:	North Palm Bch. FL, 33408	
,			
			Add
			Remove
	*		Romovo
•			Add
			Remove
		に (下) (ア) (ア) (の)	SEP STREET
		TE SE	
		Diggi DA	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
		<u> </u>	Add
			Remove

ii amending any other information, ent	er change(s) here: (Attach addition	al sheets, if necessary.)
			
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·			
_d 08/30/2013			
. :		, .	,
	a member or authorize	d representative	of a member
Alviń Jáckson	<u> </u>		·
	Typed or printed na	me of signee	,
	Page 3 o	of 3	

Filing Fee: \$25.00

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