

W14 0000 764 27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

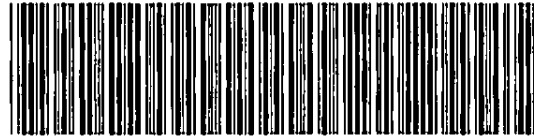
Special Instructions to Filing Officer:

Q. SILAS

JUL 19 2022

7/19/22

Office Use Only



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04/18/22--01044--008 **25.00

FILED
JUL 19 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2022 JUL 19 AM 11:56

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2022

ARTRICIA JAMES-HEARD
10335 CROSS CREEK BLVD STE 22
TAMPA, FL 33647

SUBJECT: A RIGHT WAY CREDIT COUNSELING, LLC
Ref. Number: L14000076427

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If you are wanting to change the business name, please list the new name in section A ONLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 022A00012952

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A RIGHT WAY CREDIT COUNSELING, 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:

ARTRICIA JAMES-HEARD

Name of Person

A RIGHT WAY

Firm/Company

10335 CROSS CREEK BLVD, STE 22

Address

TAMPA, FL 33647

City/State and Zip Code

ARTRICIAJAMESHEARD@GMAIL.COM

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

For further information concerning this matter, please call:

ARTRICIA JAMES-HEARD

813 813-421-3522
at ()

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

☐ \$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 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**

FILED

JUL 19 PM 7:10

A RIGHT WAY CREDIT COUNSELING, LLC

(Name of the Limited Liability Company as it now appears on records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/02/2014 and assigned
Florida document number L14000076427.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A RIGHT WAY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated _____, 19____

Abigail James Heard
Signature of a member or authorized representative of a member

ATRICIA JAMES-HEARD
Typed or printed name of signee