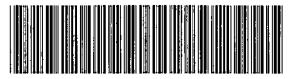
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I ALBRITTON

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Right Way Landscape Professionals, LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Noemi Menchaca Name of Person
Right Way Landscape Professionals, LLC.
P.O. BOX 5005  Address
Haines City FL 33845
<u>Noemimenchae al Wyako Com</u> E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (863), 835-111  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(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

Right Way Lar	NASCADE ted Liability Compa (A Florida Limited I	Profession of the same of the	ar records.)	<u>C.</u>	
The Articles of Organization for this Limited L		were filed on $\frac{1/2!}{}$	1/17	and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	ility company here:			
The new name must be distinguishable and contain the vertical new principal offices address, if application of the contain the vertical new principal office address MUST BE A STREET	cable:	ity Company," the designat	ion "LLC" or the	abbreviation "L.L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on our	records, ente	r the name of the ne	<u>w</u>
Name of New Registered Agent:  New Registered Office Address:	Noemi 400 No Haines	Menchal 23rd St. Enter Florida stre		33844 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
AMBR	Marcos R. Nuñez	400 N. 23rd St.	M.A. Valley
		Haines City, FL 33	844 Remove
			Z Change
			Add
			☐ Remove
			Change
<del></del>			Add
			☐ Remove
		<del></del>	Change
			Add
			□ Remove
		<del></del>	Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

<u>[V]</u>	arcos R. Nunez. The only option I saw on ne Orevious page was AMBR. Not sure if
1	at 1s correct. I just need Noemi and
7	Marcos switched Marcos R. Nuñez is
=	wher and Noemi Menchaca, registered
<u>(,Y</u>	gent.
	<del></del>
	e date, if other than the date of filing: (optional) ive 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 605.0
effect	
effect e: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
effect e: If umen	
effect te: If umen recoi he 9	t's effective date on the Department of State's records.  rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
effect te: If umen recoi he 9	t's effective date on the Department of State's records.  rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier oth day after the record is filed.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00