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(Req	uestor's Name)	
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(City/	/State/Zip/Phon	e #)
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COVER LETTER

Division of Cor	porations		
The Right V SUBJECT:	Vay Sober Living, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Marie Crabtree		
		Name of Person	
	Right Way Sober Living, LI	.C	
		Firm/Company	
8600 Bridle Path Ct			
Address			
	8600 Bridle Path Ct. Davie	, FL 33328	
		City/State and Zip Code	
	crabtreemarie@bellsouth.net		
	E-mail address: (to	be used for future annual report notif	ication)
For further information c	oncerning this matter, please cal	D:	
Marie Crabtree		954 8501921	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30,00 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)

TO:

Registration Section

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

The Right Way Sober Living, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>i.</u>)
he Articles of Organization for this Limited Liability Compan	y were filed on 2/21/2018	and assigned
lorida document number L18000047117		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
tight Way Sober Living, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7. P.
THE PUR OFFICE MANTESS MOST BE A STREET ABORESSY		A AY
		- 3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		3
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	E. C.	
	Enter Florida street addres:	5
		orida
	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 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
			□Add
,			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		☐Remove	
			
			□Remove
			□ Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effe	ective date, if other than the date of filing:
Not	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
doc	ument's effective date on the Department of State's records.
	cord 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	s filed.
Dat	ed
	Marie Custice Signature of a member or authorized representative of a member
	Place Culluce

Filing Fee: \$25.00