

L19 000035001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

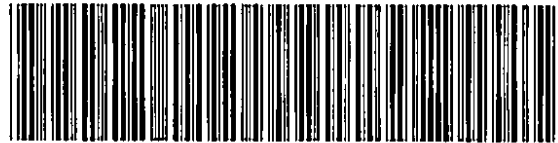
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700349317447

08/05/20--01005--025 **25.00

RECEIVED
AUG 04 2020

FILED
2020 AUG -4 AM 7:20
SEP 23 2020
S. YOUNG
DEPARTMENT OF STATE
BUREAU OF CORPORATE
AFFAIRS & FILINGS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R4 WAY, 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:

Tae Shin

Name of Person

Shin Law Firm, P.A.

Firm/Company

189 S. Orange Ave., Suite 1850

Address

Orlando, FL 32801

City/State and Zip Code

tshin@shinlawgp.com

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

For further information concerning this matter, please call:

Tae Shin

407

730-7814

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

FILED
2020 AUG -4 PM 7:20
and assigned
U.S. DISTRICT COURT
SOUTHERN DISTRICT
OF CALIFORNIA
SAN FRANCISCO

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

The Articles of Organization for this Limited Liability Company were filed on February 4, 2019 and assigned
Florida document number L19000035001.

This amendment is submitted to amend the following:

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

R4 WAY ASSETS, 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)

4236 Isabella Circle

Windermere, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4236 Isabella Circle

Windermere, FL 34786

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

Civ'

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tae Shin	189 S. Orange Ave., Suite 1850	<input type="checkbox"/> Add
		Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fabio Cerqueira	4236 Isabella Circle	<input checked="" type="checkbox"/> Add
		Windermere, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maristela Cerqueira	4236 Isabella Circle	<input checked="" type="checkbox"/> Add
		Windermere, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.


Signature of a member or authorized representative of a member
FABIO RUIZ CERQUEIRA.
Typed or printed name of signee