119000176608

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Okystate/Zip/Fitorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400335131244

19/01/19--01014--010 **25.00



ot the

COVEDIETTED

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Wright Way Logistics 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:	
Thoms Wright Name & Person	
Wright Way Logistics 11C	
3399 Cypress Gardens Rd. A35	
City/State and Zip Code turisht Qurishtuay/ogistics. Com Pemail address: (to bodised for future angular report notification)	
For further information concerning this matter, please call:	
Thomas klright at (224) 3.39 - 0.297 Name of Person 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)} \text{Certified Copy} \\ Cer	æ

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section **Division of Corporations** Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Wright	Way L	ogistics			
(<u>Name of the Mmited Lindility</u> Con (A Florida Limit	npany as it now appeared Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>LAOOOTOCO</u>	nny were filed on	7-9-19	a	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company h	ere:			
				· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the c	lesignation "LLC" or th	e abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable:				20 5	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		.23 	<u> </u>	1)
				<u> </u>	ACTION OF
			is:	- Р	
Enter new mailing address, if applicable:			;;	<u> </u>	1
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	 ယ	
· · · · · · · · · · · · · · · · · · ·				<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>em</u>	er the r	<u>aame_</u>	of the new
N. CN. D. L. J.A.					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flo.	rida street address			
	<u> </u>	, Florida		o Code	
	City		Zij) 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
CEO	Thomas Wright	3399 Cypress Gurdens Rd	, <u>43</u> & Add
	·	3399 Cypress Gardens Rd Winter haven FC 33884	☐ Remove
			Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

						_
				·		
	 -					•
						_
	_ 					_
			-			-
	<u></u>					_
						_
						_
						_
						_
						_
						-
				·		_
						_
						-
						_
active date if	other than the date of	filings		(nr	ational)	
te: If the date i	other than the date of isted, the date must be special iserted in this block does we date on the Department	not meet the ap	plicable statutory fi	more than 90 days at ling requirements, t	ter filing.) Pursuant to 60 his date will not be lis)5.0207 sted as
record speci	ies a delayed effect after the record is f	ive date, but ìled.	not an effective	e time, at 12:0:	l a.m. on the earl	ier o
ne som day	1					
	26/19	·	·			
ed	26/19 1		<u></u>			

•