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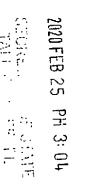
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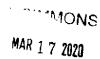




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## **COVER LETTER**

	gistration Sec vision of Corp					
A CHID IDETE.		Health Services LLC	. **			
SUBJECT:		Name of Lim	ited Liability Company	<del>,</del>		
The enciose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Keisha M. Wright-Levy				
			Name of Person	***		
		WrightWay Health Service	es LLC			
			Firm/Company			
		10360 SW 186th Street #8	861			
		<u> </u>	Address			
		Miami FL 33197				
			City/State and Zip Code			
		keiswrig7@aol.com				
		E-mail address: (	to be used for future annual report i	notification)		
For further i	information co	oncerning this matter, please c	all:			
Keisha M.V	Vright-Levy		754 235-3819 at ( )			
	Name of	Person	Area Code Day	time Telephone Number		
Enclosed is	a check for th	ne 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 tadditional copy is enclose		
	ailing Addres egistration S		Street Address Registration			
		orporations	Registration Section Division of Corporations			
Р.	O. Box 632	7		f Tallahassee		
Ta	llahassee, f	-L 32314	2415 N. Mor	rroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WrightWay Health Services LLC					
( <u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)		
he Articles of Organization for this Limited Li	ability Company	were filed on 12/31/2019	and assigned		
orida document number L0000007826	·				
nis amendment is submitted to amend the follo	owing:		207 315		
If amending name, enter the new name of	f the <u>limited</u> liab	ility company here:	2020 FEB		
rightWay Health Services LLC			N1		
e new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "L	1.5		
nter new principal offices address, if applic	able:	WrightWay Health Services	1745487		
Principal office address MUST BE A STREET ADDRESS)		2407 NE 41st Place	<u> </u>		
		Homestead FL 33033			
iter new mailing address, if applicable:		WrightWay Health Services	s		
Agiling address MAY BE A POST OFFICE	BOX)	10360 SW 186th Street #86	51		
ming dances with bisher our with a being		Miami FL 33197			
If amending the registered agent and/or registered office addressent and/or the new registered office addressent.  Name of New Registered Agent:	registered office : ss here: Keisha M. Wri		ter the name of the new regist		
N D. suigtared Office Addrson	2407 NE 41st Place				
New Registered Office Address:	Enter Florida street address				
	Homestead		Florida 33033		
	<del></del>	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.

hanging Registered Agent, Signature of New Regis

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Keisha M. Wright-Levy		□ Add
			□Remove
		2407 NE 41st Place Homestead FL 33033	<b>⊞</b> Change
			□Add
			□Remove
			Change
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ffective date if	other than the dat	e of filing:				Conting	ΔIV		
an effective date is l	other than the dat listed, the date must be a	specific and car	mot be prior to	date of filing or	more than 90 c	ays after fili	ing.) Pursu: ato will se	ant to 605.	0207
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Filing Fee: \$25.00