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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WrightWay Health Services 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:

Keisha M. Wright-Levy

\_\_\_\_\_  
Name of Person

WrightWay Health Services LLC

\_\_\_\_\_  
Firm/Company

10360 SW 186th Street #861

\_\_\_\_\_  
Address

Miami FL 33197

\_\_\_\_\_  
City/State and Zip Code

keiswrig7@aol.com

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

For further information concerning this matter, please call:

Keisha M. Wright-Levy

754 235-3819  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WrightWay Health Services LLC

(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 12/31/2019 and assigned  
Florida document number L0000007826.

This amendment is submitted to amend the following:

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

WrightWay Health Services 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)**

WrightWay Health Services LLC

2407 NE 41st Place

Homestead FL 33033

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

WrightWay Health Services

10360 SW 186th Street #861

Miami FL 33197

**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:

Keisha M. Wright-Levy

New Registered Office Address:

2407 NE 41st Place

*Enter Florida street address*

Homestead


, Florida 33033

*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 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>                      |
|--------------|-----------------------|---------------------------------------|--|
| AMBR         | Keisha M. Wright-Levy |                                       | <input type="checkbox"/> Add               |
|              |                       |                                       | <input type="checkbox"/> Remove            |
|              |                       | 2407 NE 41st Place Homestead FL 33033 | <input checked="" 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            |
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|              |                       |                                       | <input type="checkbox"/> Remove            |
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ST. LOUIS, MO

U.S. DISTRICT COURT

CLERK OF COURT

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 20, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Keisha M. Wright-Levy

Typed or printed name of signee

**Filing Fee: \$25.00**