2/18/23 V.LN

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PICK-UP	☐ WAIT	MAIL
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(bu	siness Entity Name)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

: <u>_</u>	Name of Lim	ited Liability Company	
ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
n all correspo	ndence concerning this matter	to the following:	
	Robert J Fowler IV		
		Name of Person	
	Right This Way Transporta	ttion LLC	
		Firm/Company	
	11234 Sullivan St.		
		Address	_
	Riverview, FL, 33578		
		City/State and Zip Code	
	rfowler97@gmail.com		
information c			(III)Cation)
ames Jr.		813 993-3914	
Name o	f Person	Area Code Daytii	me Telephone Number
a check for th	ne following amount:		
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)
		<u>Street Address:</u> Registration S	ection
ivision of C	orporations	Division of Co	orporations
			Tallahassee oe Street, Suite 810
	information cames Jr. Name of Coresponding Fee Sivision of COO. Box 632	Name of Lim and Articles of Amendment and fee(s) are sub in all correspondence concerning this matter Robert J Fowler IV Right This Way Transports 11234 Sullivan St. Riverview, FL, 33578 rfowler97@gmail.com E-mail address* (information concerning this matter, please columns Jr. Name of Person a check for the following amount: Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$ ailing Address: egistration Section ivision of Corporations O. Box 6327	Right This Way Transportation LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Robert J Fowler IV Name of Person Right This Way Transportation LLC Firm/Company 11234 Sullivan St. Address Riverview, FL. 33578 City/State and Zip Code rfowler97@gmail.com E-mail address: (to be used for future annual report no information concerning this matter, please call: ames Jr. Name of Person a check for the following amount: Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) alting Address: egistration Section Registration S Division of Corporations O. Box 6327 The Centre of

Tallahassee, FL 32303

---- OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

npany as it now appears on	OUr Facord
ed Liability Company)	our records.)
ny were filad on 5/11/203	ν_0
were med off	and assigned
1.99	
othty Company," the designati	ion "LLC" or the abbreviation "L.L.C."
11234 Sullivan St.	
Riverview, FL, 33578	
	
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Kiverview, PL. 33578	22
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ddress on our records, <u>c</u>	enter the name of the new register
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Enter Florida street a	oddress
	FloridaZip Code
	bility company here: bility company here: bility company here: bility Company here: 11234 Sullivan St. Riverview, FL. 33578 11234 Sullivan St. Riverview, FL. 33578

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

	neing added
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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fect	ive date, if other than the date of filing:
cun	ent's effective date on the Department of State's records.
ecor is tī	d 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
ted	November 16th 2022
	$\Omega(I_{\mathcal{U}})$

Filing Fee: \$25.00

Typed or printed name of signee