

L21000069206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

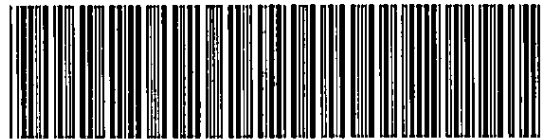
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900363045269

04/07/21--01016--008 **30.00

FILED
2021 APR -7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

SS
5/26/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: RIGHT CHOICE MAINTENANCE 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:

DAVID HEWITT
Name of Person

RIGHT CHOICE MAINTENANCE LLC
Firm/Company

1514 S.E. COUNTY ROAD 405
Address

MAYO, FL. 32066
City/State and Zip Code

hewittsix@hotmail.com
E-mail address: (to be used for future annual report notification)

FILED
2021 APR -7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

DAVID HEWITT at (352) 210-8448
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

RIGHT CHOICE MAINTENANCE 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 2/9/2021 and assigned Florida document number L21000069206.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

FILED
2021 APR -7 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FL

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:

CALEB HEWITT

New Registered Office Address:

1454 S.E. COUNTY ROAD 405

Enter Florida street address

MAYO

City

, Florida

32066

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>
<u>MGR</u>	<u>ALLEN H. BUCHANAN</u>	<u>725 N.W. LATITUDE ROAD</u>	<input type="checkbox"/> Add
		<u>MA40, FL. 32066</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>CALEB H. HEWITT</u> ✓	<u>1454 S.E. COUNTY ROAD 405</u>	<input checked="" type="checkbox"/> Add
		<u>MA40, FL. 32066</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>DAVID CORD HEWITT</u> ✓	<u>1454 S.E. COUNTY ROAD 405</u>	<input checked="" type="checkbox"/> Add
		<u>MA40, FL. 32066</u>	<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

SECRET
2001 APR - 7 PM 3:05
STATE


FILED
20 APR -7 PM 3:05
RECEIVED
TALMADGE

FILED
MAR - 7 PM 3:05
SECRET
TALIA ASSOCI.

(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.

Dated APRIL 5, 2021


Signature of a member or authorized representative of a member

DAVID HEWITT

Typed or printed name of signee