Kalu 189 155

(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



600380068096

2-3-22

TAS

2022 JEH 25 FE I2: 53

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: RIGHT V	VAY RENTALS, LLC Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Corpor	ate Maintenance Lea	ad	
		Name of Person		
	Proc	essing Department		
		Firm/Company		
	1	450 Vassar St		
		Address	-	
		Reno, NV 89502		
		City/State and Zip Code		
		ocs@incauthority.com to be used for future annual report notifi	(cation)	· 28
For further information co	oncerning this matter, please co		ican (ar)	2.12
Processi	ng Department	at (800) 638-2320		
Name of Enclosed is a check for th	Person		Telephone Number	13 12: 53
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified (of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIGHT WAY RENTALS, 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 $\frac{04}{23}$ Florida document number L21000189155 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Jennifer Yan	1420 Ne Miami Place Apt # 1407	\ Add
		Miami, FL 33132	□ Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Remove
			Change

•	
ree	tive date, if other than the date of filing: N/A (optional)
Note:	(optional) fective date, if other than the date of filing: IN/A (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	Miguel Rodriguez Signature of a member or authorized ruprescriptive of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00