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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

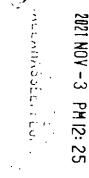
Office Use Only

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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Rightions Way Transportation LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Rashard Williams Name of Person Rightions Way Transportation 44 Film/Company 3695 Phomos Ave Address Miami, Fl 33133 City/State and Zip Code
City/State and Zip Code 5 Vgarray 9983 @ yahoo.com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (305) 298-0204 Area Code Daytime Telephone Number
nclosed is a check for the following amount: \$\sum_{25.00}\$ Filing Fee \$\sum_{30.00}\$ Siling Fee & \$\sum_{555.00}\$ Siling Fee & \$\sum_{60.00}\$ Siling Fee, Certificate of Status \$\sum_{60.000}\$ Certified Copy \$\sum_{60.000}\$ Certified Copy \$\sum_{60.000}\$ Certified Copy \$\sum_{60.000}\$ Certified Copy \$\sum_{60.000}\$ cadditional copy is enclosed.
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Kightious Way Iran	rsportation ILC Liability Company as it now appears on our records.) Florida Limited Liability Company)
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	oility Company were filed on $\frac{10/9/21}{}$ and assigned
s amendment is submitted to amend the followi	ing:
If amending name, enter the new name of th	ne limited liability company here:
new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicabl	le:
incipal office address MUST BE A STREET A	ADDRESS)
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BO	<u></u>
If amending the registered agent and/or regi	istered office address on our records, <u>enter the name of the new reg</u> i
	nere:
nt and/or the new registered office address h	<u>nere</u> :
nt and/or the new registered office address h	nere:
nt and/or the new registered office address h Name of New Registered Agent:	<u>nere</u> :
nt and/or the new registered office address h	Enter Florida street address
nt and/or the new registered office address h Name of New 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 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

AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roshard Williams	Miami, Fl 33133	BAdd
		Miami, Fl 33133	□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
		-	□Remove
			□Change
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Filing Fee: \$25.00