K21 000 452247

| (Re | equestor's Name) | |
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| | | |
| (Ad | ldress) | |
| (Ad | ldress) | |
| — (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. MATTHEWS DEC 17 2021

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Right Path Dis | fatching and Transporting L.C. |
| Name of Lit | nited Liability Company |
| The enclosed Articles of Amendment and fee(s) are sub | omitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| <u>Kathryr</u> | Name of Person |
| Kight Path Dy | Firm Company LC. |
| 1471 Know | Address |
| _ tallaha | SSEE, FL 32304 City/State and Zip Code |
| Right outh di | Sphing of and . Com to be used for future annual report notification) |
| For further information concerning this matter, please ca | all: |
| Kathryn Bell | at (866) 339-1888 |
| o Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

21 CEC - 4 PH 3: 01

Right Path Disputching and Trunsporting U.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (7.1.101 | ida Emmed Claumiy Company) | | |
|--|---------------------------------|------------------------------|-------------------------|
| The Articles of Organization for this Limited Liability Florida document number \(\frac{\frac{1200046224}{224}}{224}\) | Company were filed on | 10/18/2021 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | mited liability company h | ere: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the c | designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | <u></u> | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ···· | |
| | | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | ed office address on our r | ecords, <u>enter the nam</u> | e of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | ida street address | |
| | | , Florida | |
| | 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

21 DEC -5 PH 3: 01

| | | 21 0.15 111 0 | |
|---------------|----------------|-----------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Kathingin Bell | 1471 Knowill in | ū v Add |
| | | Tallahassee, & 32304 | □Remove |
| | | | □Change |
| AMBR | Kathings Bull | 1471 Knowille un | GAdd |
| | | tallahassee, PL 32304 | □Remove |
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| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary,) 3: 01 |
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| Note: | fective date, if other than the date of filing: (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 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records. |
| If the recor | 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 led. |
| Dated | 12/1/2021 Naven Roof) |
| | Signature of a member or authorized representative of a member |
| | KAHTURAT BRILL |
| | Typed or printed name of signee |

Filing Fee: \$25.00