

122000293955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

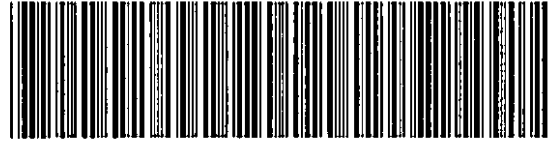
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT - 6 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2 JUL 11 PM 3 10

COVER LETTER

**TO: Registration Section
Division of Corporations**

IWAY DISPATCHER LLC

SUBJECT: _____
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:

ISNY PIERRE

Name of Person

IWAY DISPATCHER LLC

Firm/Company

575 NE 162ND STREET

Address

MIAMI, FL. 33162

City/State and Zip Code

onewaynow2022@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISNY PIERRE

786 618-8384

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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)

Money Order #
19398873215

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**

IWAY DISPATCHER 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 06/22/2022 and assigned Florida document number L22000283955.

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:

575 NE 162nd Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33162

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:

Isny Pierre

New Registered Office Address:

575 NE 162ND STREET

Enter Florida street address

MIAMI

City

Florida 33162

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>
AMBR	CHURLIE RUSSELL	5200 SW 101 AVE	<input type="checkbox"/> Add
		COOPER CITY, FL. 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISNY PIERRE	575 NE 162ND STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAKIAH RUSSELL	3601 NW 37TH STREET	<input checked="" type="checkbox"/> Add
		LAUDERDALE LAKES, FL. 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMIAH RUSSELL	3601 NW 37TH STREET	<input checked="" type="checkbox"/> Add
		LAUDERDALE LAKES, FL. 33309	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I created the business and forgot to put myself as the owner/manager.

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DIVISION OF CORPORATIONS
12 JUL 11 PM 1:10

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 25, 2022

Isny Pierre
Signature of a member or authorized representative of a member

ISNY PIERRE

Typed or printed name of signee