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## **COVER LETTER**

TO: Registration S Division of Co			
	lutions LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Eric Hayes		
		Name of Person	
	E-Way Solutions LLC		
		Firm/Company	
	9362 Scaup Way Unit 304		<u>-2</u>
		Address	SEC TO SEC
	Jacksonville Florida 32218	3	
		City/State and Zip Code	TREATING TO PART
	ericthayes35@gmail.com E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c		
Eric Hayes		904 452-5012 at ( )	
Name	of Person	Area Code Daytin	ne 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)
Mailing Address Registration		Street Address: Registration Se Division of Co	
P.O. Box 63	-	The Centre of	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FI	pe Street, Suite 810 _ 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E-way Solutions LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.</u> ) ny)
he Articles of Organization for this Limited I	Liability Company were filed on	May 20, 2024 and assigned
is amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability compan	y here:
e new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
	<del> </del>	<del></del>
ter new mailing address, if applicable:		2
failing address MAY BE A POST OFFICE	<u></u>	5 D
16		of the second se
ent and/or the new registered office addre	_	ır records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Eric Hayes	
New Registered Office Address:	9362 Scaup Way Unit 304	
	Enter	Florida street address
	Jacksonville	, Florida <sup>32218</sup>
	City	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

E. Way Calutions I.I.C.

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>	Address	Type of Action
AMBR	Brittany Graham	7549 Plantation Club Drive	
		Jacksonville Florida 32244	■Remove
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		<del></del>	□Remove
			□Change
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	filing:			(option:	ai,	
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			other than the date of filing:		other than the date of filing.	other than the date of filing: (optional)

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