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(((H210001849143)))



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To:

Division of Corporations

: (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112

Phone

: (302)575-0875

Fax Number

: (302)575-1642

57

Enter the email address for this business entity to be used for future " annual report mailings. Enter only one omail address please. **

Email	Address:	
_		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE RIGHT WAY MANAGEMENT GROUP LLC

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4210001849143

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (I-4 must be completed)

1. Name of limited liability Company as it appear.	s on the records of the Florida Department of 💎 🚉 📙
State: THE RIGHT WAY MANAGEMENT GR	ourlic Es 📑
Unter new principal office address, if applicable:	
(Principul office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	bility company is: M21000004969
3. Jurisdiction of its organization: DELAWARE	
4. Date authorized to do business in Florida: APR	IL 26, 2021
SECTION II (5-9 complete only the applicable of	
5. New name of the limited liability company:(must	contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name ("" or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new idress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
<u></u>	
	City Zip Code
the provisions of all statutes relative to the proper a and accept the obligations of my position as registe.	t and agree to act in this capacity. I jurther agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. Thereby continue that the limited
ur Ch	langing Registered Agent, Signature of New Registered Agent

8. If the innend	lment changes person, title or capacity it	n accordance with 605,0902 (1)(e), indicate that	
Title/ Capacity	<u>Namy</u>	Address	Type of Action
M	HUMBERTO J. FERNANDEZ	8021 NW 159th Terrice	Add
		Miami Lakes, Florida 33016	Remove
********			Dvqq
. 			①AJU
		-	©Remiøve
			DAdd
			©Remove
. Attached is a	certificate, if required: no more than 9	0 days old, evidencing the	□ Add Zell H. T.
jurisdiction ur	Signature of Oris	y the official having custody of records in the unized. The authorized representative Range C Z nted name of signee	PM 4: 49

Flling Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE RIGHT WAY MANAGEMENT GROUP LLC" IS

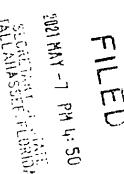
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE RIGHT WAY MANAGEMENT GROUP LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 203153993

Date: 05-07-21