Office Use Only

G. MCLEOD

OCT - 8 2012

**EXAMINER** 



300240181913

10/05/12--01003--007 \*\*25.00

## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor	ction porations								
*										
SUBJE	ECT:		RH GLOBAL SOLUTIONS LLC							
Name of Limited Liability Company										
		Amendment and fee(s) are sub	-							
ricasc	return an correspo	indence concerning this matter	to the following.							
			JOSE PEREZ		<del></del>					
			Name of Person							
		JP GLOE	JP GLOBAL BUSINESS SOLUTIONS							
			Firm/Company							
			7325 NW 36TH ST							
			MIAMI, FL 33166							
			<del></del>							
		JOSE.PE E-mail address: (	REZ@DANIELAHART to be used for future annual report	.COM notification)	_					
For fur	ther information co	oncerning this matter, please o	all:							
	10			400.000						
	JC Name o	SE PEREZ	at ( 305 )	436-0093 aytime Telephone Nur						
	inanic o	reison	Area Code & Da	ауите тегерионе ми	noer					
Enclos	is a check for the	ne following amount:								
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi	Filing Fee, ficate of Status & ified Copy itional copy is enclosed)					
MAILING ADDRESS:		STREET/CO	OURIER ADDRES	S:						

Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RH GLOB/	AL SOLUTIONS LL	.C		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on	09/19/12	and assigned	
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :		
he new name must be distinguishable and end with the wor L.L.C."	ds "Limited Liability Compa	nny," the designation	"LLC" or the abbreviati	
Enter new principal offices address, if applicable:				
<u>Principal office address MUST BE A STREET ADDR</u>	(ESS)			
			# C T	
	***************************************		SE G	
nter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			Size D	
	<del></del>		82 O	
s. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>ente</u>	r the name of the n	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	ROWNDY VILLASI	MIL	807 PORSHE AVE SEBRING, FL 33872	Add Remove
<del></del>				Add Remove
**************************************				Add
	***************************************			Add Remove
<u> </u>	· · · · · · · · · · · · · · · · · · ·			Add Remove
				Add Remove
D. If amend		, enter change(s	) here: (Attach additional sheets, if necessary	.) 
				·
				<del></del>
Dated	10/01/12	, <u>us</u>	<del></del> ·	
	Signati	ire of a member or	authorized representative of a member	<del> </del>
	<i></i>		DO HERNANDEZ	
			printed name of signee	

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Filing Fee: \$25.00