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(Requestor's Name)
(Address)
,
· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Lifety Name)
(Document Number)
Certified Copies Certificates of Status
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C. LEWIS

AUG 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Section of Corp	ion •
SUBJECȚ: RHC	D Transportation / Errands on Wheels LLC Name of Limited Liability Company
,	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	•
	Cynthia W. Hayres
	Cynthia W. Haynes Name of Person
	Firm/Company
	0
	912 East Genessee
	Address
	Tampa, Florida 33603 City/State and Zip Code
	Cynmar 54@ Verizon net E-mail address (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
	-
ynthia	W. Haynes at (813) 237 3205 Person Area Code & Daytime Telephone Number
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: //

(additional copy is enclosed)

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ion/Errand	s MWhcels
as it now appears on our recor ollity Company)	(ds.) LLC
ere filed on 5-06-05	Q 12:26 and signed
	PERE ME
	A Section 14
tv company here:	700
•	
l Liability Company," the design	nation "LLC" or the abbreviation
Cynthia With	ynes
912 E Genessee	·
Tampa, FL 336	
··-	
· ,	
e address on our records,	enter the name of the new
Enter Florida str	reet address
, Floa	rida
City	Zip Code
	912 E Genessee Tampa, FL 536 e address on our records, Enter Florida str

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

<u>tle</u>	Name	Address	Type of Action
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If ame	nding any other information, enter	change(s) here: (Attach additional sheet	
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- - -	D. August 3	2-109	THE TOTAL TO
 ted	Cynth Wha Signature of a re Cynthia	2009 7	2019 AUG 13 PM 1: 37 TALLAHASSEE, FLORID TOTAL AHASSEE, FLORID

Filing Fee: \$25.00

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