

L16000 102219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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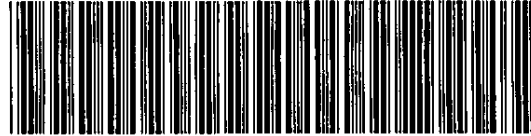
(Business Entity Name)

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TALLAHASSEE, FLORIDA

JUL 15 2016
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RGAG Investments LLC
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:

Kristine Bigelow
Name of Person

Bridgespan Partners LLC
Firm/Company

6630 Embassy Blvd, Suite B
Address

Port Richey FL 34668
City/State and Zip Code

rob.brazil@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine Bigelow at (727) 846 9111
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RGAG INVESTMENTS LLC

Page 1 of 3

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>
MGR	Arthur Godinho	3235 Tuckahoe Pl	<input type="checkbox"/> Add
		Holiday, FL 34690	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monica Maddalena	3235 Tuckahoe Pl	<input checked="" type="checkbox"/> Add
		Holiday, FL 34690	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 JUL 14 PM 3:30
OFFICE OF STATE
ADMINISTRATION
TALLAHASSEE, FLORIDA

JUL 11 PM 1:08
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15 JUL 14 PM 1:30

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.

Dated July 11, 2016;

MONICA MADDALENA

Filing Fee: \$25.00