

L17000650642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

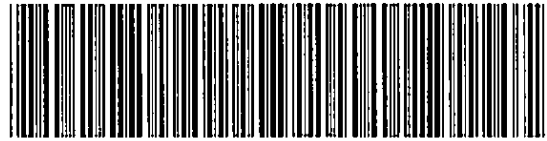
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 OCT -1 AM 8:07
FBI - JEFFERSON

O SIMMONS
OCT 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHCC 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:

Sean Leibowitz

Name of Person

RHCC LLC

Firm/Company

10523 Vignon Court

Address

Wellington, Florida 33449

City/State and Zip Code

Leibowitz.sean@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leibowitz.sean@gmail.com

904

591.6740

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

RHCC 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>
AMBR	Katelyn Leibowitz	10523 Vignon Court Wellington, Florida 33449	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sean Leibowitz	10523 Vignon Court Wellington, Florida 33449	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Kraizgrun		<input type="checkbox"/> Add
		2970 Luckie Road Weston, Florida 33331	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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18 OCT - 1 PM 8:01

18
OCT - 1 PM 8:07
LEED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 11/1/2017 :

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

David Kraizgrun

Typed or printed name of signee