L17000060649

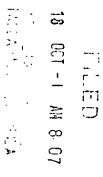
(Requ	uestor's Name)	
(Addı	ess)	
(Addr	ess)	
(City/:	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



600319148356

10/01/18--01035--025 ++60.00



O SIMMONS OCT 1 5 ZO18

COVER LETTER

TO: Registration So Division of Cor			
RHCC LLC			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sean Leibowitz		
		Name of Person	
	RHCC LLC		
		Firm Company	
	10523 Vignon Court		
		Address	
	Wellington, Florida 33449		
	Leibowitz.sean@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Leibowitz.sean@gmail.com		904 591,6740 at ()	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status of 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHCC LLC				
(<u>Name of the Lim</u>	iA Florida Limited I	ny as it now appears on ou Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited I Florida document number $\frac{1.17000050642}{1.17000050642}$		were filed on $\frac{03/03/201}{}$	7 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	ility company here:	3	
The new name must be distinguishable and contain the	words "Emited Liabi	lity Company," the designati		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Sean Leibowitz	正 豆	
		10523 Vignon Court	φ.	
		Wellington, Florida 33-	449	
Enter new mailing address, if applicable:		Sean Leibowitz 10523 Vignon Court	——————————————————————————————————————	
Mailing address MAY BE A POST OFFICE	<u>(80X)</u>	Wellington, Florida 33449		
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Sean Leibowitz	<u>e</u> :	records, enter the name of the	
New Registered Office Address:	10523 Vignon C	Court Enter Florida stre	et addross	
	Wellington	Gilly City and Sire)	Florida ³³⁴⁴⁹	
		Ciù.	, Fiorida 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Katelyn Leibowitz	10523 Vignon Court Wellington, Florida 33449	■ Add
			☐ Remove
			☐ Change
AMBR S	Sean Leibowitz	10523 Vignon Court Wellington, Florida 33449	= Add
			Remove
			□ Change
AMBR	David Kraizgrun		
-		2970 Luckie Road Weston, Florida 33331	≡ Remove
			Remove-
			: - ∞ : - © □ (Tagnge
			Remove
			Change
			☐ Remove
			□ Change

	.	···				<u> </u>		
						_		
								
				·				
								
	· · · · · · · · · · · · · · · · · · ·							
								
							G	
								3
								
						·	-	ÇO CO
			······································				3*	2
					· · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·					
'an effective d (ote: If the c	te, if other that late is listed, the d date inserted in ffective date on	ate must be speci this block does	ic and cannot b not meet the a	e prior to date of t applicable statu	iling or more than 90 tory filing requirer	(option:) days after filinents, this da	ng.) Pursuant t	o 605,020 c listed a
	pecifies a de day after th			ut not an effe	ective time, at	12:01 a.n	n. on the e	arlier d
ated	1. 1.							
/								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00