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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>_</u> •
(Cid	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	porations		
	ervices LLC		
SUBJECT:	Name of Lin	nited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
		_	1
Please return all correspo	ondence concerning this matter	to the following:	
	Gretl Siler		
		Name of Person	
	Ligthouse CPAs PA	_	
	Eightotae Of 713 7 74	Firm/Company	
		r nor Company	
	1217 Jenks Ave		
		Address	
	Panama City, FL 32401		
		City/State and Zip Code	
	gretl@lighthousecpas.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Gretl Siler		850 785-5254 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Constant line when the Const	. 6.11		
Enclosed is a check for the	_	_	
■ \$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 & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2020

GRETL SILER LIGHTHOUSE CPAS PA 1217 JENKS AVENUE PANAMA CITY, FL 32401

SUBJECT: CURRAHEE SERVICES LLC

Ref. Number: L19000213106

We have received your document for CURRAHEE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is G00437 - JRH ENTERPRISES, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 320A00001832

Division of Communities D.O. DOV 0207 Well-house Ellevide 20214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Currance Services LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our recornited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Comp	oany were filed on 08/20/2019	and assigned
Florida document number L19000213106		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
RH Custom Enterprises LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L1.	المتوسد في المتأريخ
inter new principal offices address, if applicable:	1	7
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		P
		پ آپ
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered off	ice address on our records, <u>ente</u>	r the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
	. F	lorida
	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 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 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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
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Tective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior	to date of filing or more that table statutory filing requ	(optional) n 90 days after filing.) Pursuant irements, this date will not b	to 605.0207 be listed as
ocument's effective date on the De	partment of State's records			
record specifies a delayed effective is filed.	date, but not an effective to	ime, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
February 25	2020			
()				
-U//2				
	Signature of a member or auth	orized representative of a m	ember	_