

L20000 112 000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

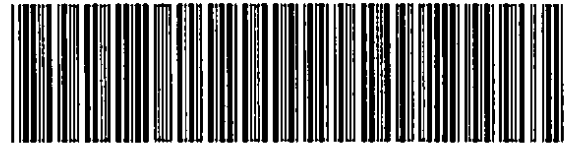
(Business Entity Name)

(Document Number)

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MAY 18 2020

JUN 09 2020
S. YOUNG

DEPARTMENT OF STATE
OFFICE OF CONSULAR AFFAIRS
WASHINGTON, DC 20520

2020 MAY 18 AM 6:48

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RGHM SOLUTIONS 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:

LOVETTE DOBSON

Name of Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Person

at (855) 829-9090

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2020 MAY 18 AM 6:48
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L20000112000

If Changing Registered Agent, Signature of New Registered Agent

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	TORI ROGERS	1925 WAYCREST DR SW	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENYA ROWE	5245 STRIKE THE GOLD LN	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES MCPHERSON	706 PINE STREET	<input checked="" type="checkbox"/> Add
		DAPHNE, AL 36526	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARLETHA GRACE	10533 CORAL KEY AVENUE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33648	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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: (b) The 90th day after the record is filed.

Barrel Henderson
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00