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10/15/21--01021--017 **25.00





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	RQH Co	ed Liability Company	7, LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
		Name of Person	2
		Firm/Company	021 OCT
	<u> </u>	30×819 Address	6 15 PH
	Semi	City/State and Zip Code	SECRETATION OF STATE ASSERVAL.
C. Seether information	E-mail andress: (concerning this matter, please co	to be used for future abrual report notifically	द्धरांon)
· Nen	of Person	at (813) 76	5 - 0998 Telephone Number
Enclosed is a check for the S25.00 Filing Fee	he following amount: S30.00 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 Addre Registration Division of		Street Address: Registration Sec Division of Corp	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGH Cons	struction, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21500186</u> 05	vere filed on $4/21/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability".	+,)_LC.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9355 113th St. #8196 Sentinole, FL 33772
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9355 113th 84. #819 Servinole, FL 33772
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the flew registered
Name of New Registered Agent:	\$0 \$0 \$0
New Registered Office Address:	Enter Florida street address TH S
,	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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 Type of Action <u>Address</u> Name Title 12479 Monarch Cir DAdd Seminole, FL 33772 Remove 8407 Praise Dr DAN Iguyen, Thain Tampa, FL 33625 Remove _____ Change Dang, Binh Pinellas Park FL Remove 12479 Monarch (10 DAdd Schringle FL 33772 - Remove Change □ Remove ☐ Change

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te: If :umen	the date inserted t's effective date	d in this blo e on the Do	ock does not me epartment of Sta	et the applicab te's records.	le statutory film	g requirement	s, this da	e will not be fisi	.ca
cord s s filed	specifies a delay	ed effectiv	e date, but not a	i effective tim	e, at 12:01 a.m.	on the earlier	of: (b) 1	The 90th day afte	r ti
ted	Oct	11,	2021						
			Signature of a mo)					
			Signature of a mo	mber or authori	zed representative	of a member			
				_					

Filing Fee: \$25.00