

L22000190088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

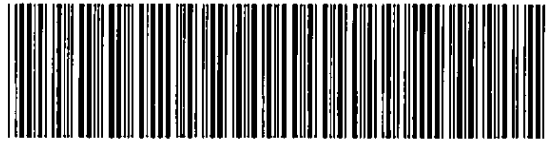
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800431896558

FILED

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 11 AM 7:56

FILED

ML

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RI HOLDING COMPANY, 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:

Kaelan Atkinson

Name of Person

Firm/Company

12782 Gator Swamp Ln

Address

Jacksonville, FL 32223

City/State and Zip Code

tampabay87@aol.com

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

For further information concerning this matter, please call:

Kaelan Atkinson

904
at ()
Area Code

219-9375

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 11 AM 7:56

FILED

FILED
2024 JUL 1 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FL
of the new registered

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>
MGR	Richard A Cornatzer	39 Spey Bay Court	<input type="checkbox"/> Add
		Jacksonville, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 JUL 11 AM 7:56
SECRETARY OF STATE
TALLAHASSEE FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please amend the location and mailing address to 12782 Gator Swamp Ln, Jacksonville, FL 32223

一、
 二、
 三、
 四、

2024 JUL 11 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 28th, 2024

Signature of a member or authorized representative of a member

Kaelan Atkinson

Typed or printed name of signee

Filing Fee: \$25.00