

L23000064541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

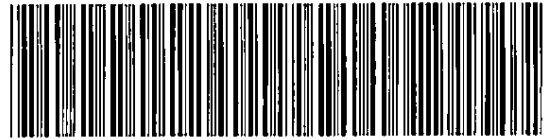
(Business Entity Name)

(Document Number)

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2023 MAR 14 AM 10:53  
TALLAHASSEE, FL  
STATE

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2023 MAR 14 AM 9:14  
TALLAHASSEE, FLORIDA  
CORPORATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KALHEN LLC RIGTH SERVICES 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:

HENRY DIAZ

Name of Person

Firm/Company

1702 CITRUS ORCHARD WAY

Address

VALRICO, FLORIDA, 33594

City/State and Zip Code

kalhenllc@gmail.com

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

For further information concerning this matter, please call:

Henry Diaz 863 7776831  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2023 MAR 14 AM 10:53

SECRET STATE  
TALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

