## L23000004541

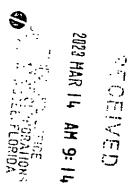
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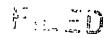


## **COVER LETTER**

TO: Registration S Division of Co			
<del>KALHEN</del> SUBJECT:	<del>LLC</del> RIGTH S	ERVICES LLC	
Souther.	Name of L	imited Liability Company	
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
	ondence concerning this matt	-	
	HENRY DIAZ		
	<del></del>	Name of Person	
		Firm/Company	
	1702 CITRUS ORCHA	RD WAY	
		Address	
	VALRICO, FLORIDA,	33594	
	kalhenllc@gmail.com	City/State and Zip Code	
		s: (to be used for future annual report no	tification)
For further information of	concerning this matter, please	call:	
Henry Diaz		863 7776831 at ( )	
Name o	of Person	Area Code Daytir	nc Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	antion.
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	-
Tallahassee,	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RIGTH SERVICES LLC

2023 HAR 14 AH 10: 53

(A Florida Lin	nited Liability Company)	SECTION TALL LASSEE, FL
The Articles of Organization for this Limited Liability Com	many were filed on 02/03/2023	is LL. ASSEE, FL. and assigned
Florida document number 1.23000064541		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
KALHEN LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
<del></del> <del>-</del>		
New Registered Office Address:	Enter Florida street addre	200
	Ţ.	lorida
<del></del>	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and	l agree to act in this capacity. If	urther agree to comply with the
provisions of all statutes relative to the proper and com-	plete performance of my duties, a	and Lam familiar with and
accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of		
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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□ Remove
			□Change
			□Remove
			□Add
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change

-	
	<del> </del>
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ffective dat	e, if other than the date of filing: (ontional)
an effective da	te, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ffective date on the Department of State's records.
record specif	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	,
Dated	2023
	_/\
_	
_	Signature of a member or authorized representative of a member

Filing Fee: \$25.00