18:48 p.m. 05-30-201

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : 12015000089 Phone : (305)4:4-8800

Phone : (305)444-8800 Fax Number : (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

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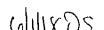
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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

5/31/2018



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Software, LLC
(Name of the Limited Liability Co (A Florida Lini	mpany as it now appears on our records.) ned Limbility Compuny)
The Articles of Organization for this Limited Liability Comprovide document number L14000004150	nany were filed on 01/08/2014 and assigned
This amendment is submitted to amend the following:	
4. If amending name, enter the new name of the limited	liability company here:
Rhiino Tech, I	
The new name must be distinguishable and contain the words "Limited I	Liability Compa 7," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	.;
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>
	<u></u>
	• ,
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	3
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered A	:1
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and composition as registered agent.	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
ī	If Changing Registered Agent, <u>Signature of New Registered Agent</u>
1	Page 1 of 3
	(H180001660853

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= N AMBR= /	Aanager Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	
			Add
		25-15 - 25-2 	Remove
			: Change
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			CV;
			☐ Remove
			Add
	 -		Remove
			Change

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ctive date, if other than the date of filing: effective date is fixed, the date must be specific and ca till the date inserted in this block does not mee ument's effective date on the Department of Stat	t the applicable amount numbered an emeric	uptional) safter filing.) Pursuant to 605.0 s, this date will not be listed
record specifies a delayed effective dat he 90th day after the record is filed.	te, but not an effective time, at 12:	01 a.m. on the earlier
ed 2018/05/31		
	w/w-/	
' '	mber or authorized representative of a member	

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