

L16000127099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

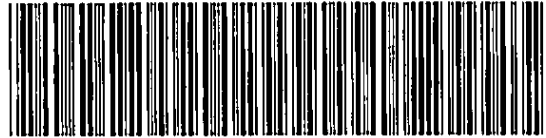
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
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JUL 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHINO CONTAINERS, 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:

Regina Campbell

Name of Person

The Campbell Law Group, P.A.

Firm/Company

2000 Ponce De Leon Blvd, 6th Floor

Address

Coral Gables, Florida

City/State and Zip Code

service@thecampbelllawgroup.com

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

For further information concerning this matter, please call:

Regina Campbell

Name of Person

at (305)

Area Code

328-9506

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RHINO CONTAINERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/08/2016 and assigned Florida document number L16000127099.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: The Campbell Law Group, P.A.

New Registered Office Address: 2000 Ponce De Leon Blvd, 6th Floor

Enter Florida street address

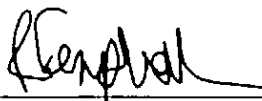
Coral Gables, Florida 33134

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	Oscar Daniel Federico	3525 N.W. 107 Street	<input type="checkbox"/> Add
		Miami, Florida 33167	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wilfredo Tejeda	3525 N.W. 107 Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33167	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer,	Deldado, Dayanna	3525 NW 107 Street	<input type="checkbox"/> Add
		Miami, FL 33167	<input type="checkbox"/> Remove
		Delgado, Dayanna (correction to last name)	<input checked="" 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

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DIVISION OF CERTIFICATION
SECRETARY OF STATE
FBI-DOJ

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.

Dated _____,

Signature of a member or authorized representative of a member

Wilfredo Tejeda

Typed or printed name of signee