

L 17000030246

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : I20090000078
Phone : (561) 801-7312
Fax Number : (561) 515-3904

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

Email Address: pkrasker@kraskerlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RHINO INVESTMENT INTERNATIONAL, LLC

Certificate of Status	0
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2017 OCT 30 PM 4:25

2017 OCT 30 AM 9:40

10/30/2017 16:22

(FAX)

P.002/005

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RHINO INVESTMENT INTERNATIONAL, 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:

PAUL A. KRASKER
Name of Person

THE LAW OFFICE OF PAUL A. KRASKER, P.A.
Firm/Company

1615 FORUM PLACE, 5TH FLOOR
Address

WEST PALM BEACH, FL 33401
City/State and Zip Code

PKRASKER@KRASKERLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA MURPHY at (561) 515-4722
Name of Person Area Code 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

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1170002860043 (FAX)
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 OCT 30 AM 9:40
TALLAHASSEE, FL
STATE SECRETARY OF REVENUE

RHINO INVESTMENT INTERNATIONAL, 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 FEBRUARY 7, 2017 and assigned Florida document number L17000030246.

This amendment is submitted to amend the following:

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

Robust Care International, LLC

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

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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>
_____	_____	_____	<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

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MGR

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

2017 OCT 30 AM 9:04
FILED

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 October 30, 2017

S. Suppiah
Signature of a member or authorized representative of a member

SURESHKUMAR SUPPIAH
Typed or printed name of signee

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