## 11900000 2536

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## **COVER LETTER**

TO: Registration S Division of Co					
FMC/Rhy SUBJECT:					
SUBJEC1	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Wyatt Castellvi				
		Name of Person	<del></del>		
	FMC/Rhyno, LLC				
		Firm/Company			
	9942 Currie Davis Drive St	uite E			
		Address			
	Tampa FL 33619-2667				
	City/State and Zip Code wyatt@rhynoglass.com				
	E-mail address: (	to be used for future annual report notif	lication)		
For further information of	concerning this matter, please ca	all:			
Wyatt Castellvi			3-2264		
Name o	of Person	at () Area Code Daytimo	C 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 ADDRESS:

TO:

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



FMC/Rhyno, LLC

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

(A Florida Limited Liability Company)

(A Fiorita Ethnica)	Mr.			
The Articles of Organization for this Limited Liability Company  Torida document numberL19000002536	Liability Company were filed on 12/31/2018 and a			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9942 Currie Davis Drive			
(Principal office address MUST BE A STREET ADDRESS)	DRESS) Suite E			
	Tampa Florida 33619-2667			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	9942 Currie Davis Drive Suite E			
Hunng muress Mail BE 117 GOT OTTICE BOIL	Tampa Florida 33619-2667			
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her  Name of New Registered Agent:		enter the name of the		
	<del></del>			
New Registered Office Address:	Enter Florida street address	<del>_</del>		
	, Florida			
	, , , , , , , , , , , , , , , , ,	·		

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 **Title** Name Address **Type of Action** \_□ Add ☐ Remove \_ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change \_D Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change

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		12	2-31-18			
fan effec <u>Sote:</u> E	e date, if other than the tive date is listed, the date me f the date inserted in this be not's effective date on the l	ust be specific and cann block does not meet t	not be prior to date of the applicable statu	filing or more than 90		
	ord specifies a delaye 90th day after the re		, but not an eff	ective time, at	12:01 a.m. on the	earlier of
1	2-31-18					
Dated _	<del></del>	·				
				1/1/04	ube (	

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Typed or printed name of signee

Filing Fee: \$25.00