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COVER LETTER

TO: Registration Section Division of Corporations,
SUBJECT: RHINO CONNECT 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:
Jesus Joel Gronzaléz Name of Person
Trin Company
10344 NW 127+H St Address
HialeaH Gardens City/State and Zip Code
J Jde Lacruz 19 @ Hot Mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vesils Toel Gonzalez at (305) 766-6456 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of the Limited 1	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabi	lity Company were filed on	and assigned
Fłorida document number	 ·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our recorder address here:	ds, enter the name of the new
Manage CM and Device and Amount		-a `⊊ ⊡ :
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addre	- 3 77 75 75 75 75 75 75 75 75 75 75 75 75
		lorida
	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>	Address	Type of Action
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			/	W. Was	ر حویز	epresentative				

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Filing Fee: \$25.00