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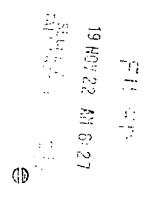
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	hino Rem	odels LC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Brian	Name of Person	<u>/</u>
		Firm/Company	
	146 50	unrise Bouleva	rd
For further information of	Rhino R Rhino R Rhino Re- rencerning this matter, please of	City/State and Zip Code nestoreations Elections to be used for future annual report notifies for actions LLC all:	Cagnalicon Demailican
Brian	MCEIrauy of Person	at (386) 479 Area Code Daytime	7 - 6879 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:

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

Phino Remod	iels LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Sability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19060235</u> ,613 This amendment is submitted to amend the following:	were filed on $\frac{9/18/2019}{}$ and assigne	d
A. If amending name, enter the new name of the limited liabi	lity company here:	
Rhino Restorations The new name must be distinguishable and contain the words "Limited Liability"	uc.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	146 Sunrise Blud. Debary F1 32713	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	146 sunrise Blud Debary FL 32713	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of t	he new
Name of New Registered Agent:	.?:» '7*	<u>::</u>
New Registered Office Address:	<u> </u>	- [†]
	Emer Florida street address	
···	. Florida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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Filing Fee: \$25.00