

L19000260979

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

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

Email Address: Jabbourac@tng@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RHINO BUSINESS GROUP LLC**

Certificate of Status	0
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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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BB 8/11/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHINO BUSINESS GROUP 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:

DOAA ALMOHAMMAD

Name of Person

RHINO BUSINESS GROUP LLC

Firm/Company

6776 SW 117TH AVE

Address

MIAMI FL 33183

City/State and Zip Code

JABBOURACCTING@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DOAA ALMOHAMMAD

305

448-9584

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RHINO BUSINESS GROUP 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 10/17/2019 and assigned Florida document number L19000260979.

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:

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

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>
MGR	ANGEL D CARELA	6776 SW 117 AVE	<input type="checkbox"/> Add
		MIAMI FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YULEMIS M CAICEDO <i>Gutierrez</i>	6776 SW 117 AVE	<input type="checkbox"/> Add
	<i>De Pineres</i>	MIAMI FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE DEPT OF FLORIDA
TALLAHASSEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 AUGUST 10 2021

Doaa Elmohammad
Signature of a member or authorized representative of a member

DOAA ALMOHAMMAD

Typed or printed name of signee

Filing Fee: \$25.00