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COVER LETTER

1900 C 76 CM 1.45 TO: Registration Section Division of Corporations RHINO HORN TRUCKING & HAULING, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: C. JEFFREY McINNIS, ESQ. Name of Person ANCHORS SMITH GRIMSLEY, PLC Firm/Company 909 Mar Walt Drive, Suite 1014 Address Fort Walton Beach, FL 32547 City/State and Zip Code jmcinnis@asglegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeff McInnis 850 Daytime Telephone Number Name of Person Area Code Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$25 Filing Fee □ \$30 Filing Fee & ■\$55 Filing Fee & ☐ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ŭ	d to correct a previously filed document.	, (1)
<u>FIRST</u>	: The name of the limite	d liability company is: RHINO HOR	V TRUCKING & HAULING, LEC	()
SECO?			L19000273446	
THIRE	Document to	ARTICLES OF ORG.	ANIZATION FOR LIMITED LIABILITY COMPANY	
/	(CHECK THE	APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMENT	
VØ	Contains an incorrect statement are as follow		he reason the statement is incorrect, and the corrected	
	Roxie McLaughlin was	listed in Article IV as "Title: MGR" v	then the designation should have been "Title: AMBR"	
	as the company will be	Member managed.		
	Article IV: The name a	nd address of the person(s) authorized	to manage LLC: "Title: AMBR" is correction.	
	<u>OR</u>			
	Was defectively signed as follows:	I. The manner in which the docume	nt was defectively signed and the appropriate correction	are
	 OR			
	The electronic transmi	ssion of the record was defective.		
		(Att	12/23/2019	
	Signature of	Authorized Representative	Date	
~	re of new registered ageng the designation).	ent, if applicable :(NOTE: if correct	ng the registered agent, the new registered agent must si	ign
I hereby provisia obligati	v accept the appointment ons of all statutes relative ions of my position as re- traction change in the register	we to the proper and complete perfor gistered agent as provided for in Cl	et in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept to apter 605, F.S. Or, if this document is being filed to ment the limited liability company has been notified in wri	rely
Registered Agent's Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	