## L2100341164

	Requestor's Name)	
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(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
Ĵ)	Document Number)	
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Special Instructions t	to Filing Officer:	
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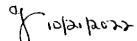
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ALLAHASSEE, FLORI

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2022 COT 21 FOI 12: 33



## **COVER LETTER**

TO: Registration Section

Division of Corporations					
	INT PRO TAX AND ACCOU	NTING LLC			
SUBJECT: Name of United Unability Company					
ero i la la colo de		to the sec			
The enclosed Articles of	Amendment and feets) are sub	milled for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	OLENA NEKRASOVA				
	-	Name of Person			
	PARAMOUNT PRO TAX	AND ACCOUNTING LLC			
		Firm-Company			
	125 BRYANT RD				
		Address	<del></del>		
	SANTA ROSA BEACH, F	T. 32459			
		City State and Zip Code	· <del>-</del>		
	ONEKRASOVA@PARAN				
		to be used for future annual report notifi-	ention)		
For further information c	oncerning this matter, please or	all:			
OLENA NEKRASOVA		850 252-5663 at ( )			
Name o	f Person	Area Code Daytime	Lelephone Number		
tander the make the same	e con en income con				
Enclosed is a check for the					
□ \$25,00 Filing Fee	☐ \$30,00 f ding Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailina Address		Stemmt Address of			
Mailing Address: Registration Section		<u>Street Address:</u> 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		

Fallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 CUT 21 FIH2: 33

(Name of the Limited Liability Com	pany as it now appears on ou	r records.}
[A Flooda Lamin	d Fiability Company)	
The Articles of Organization for this Limited Liability Compa	y were tiled on 07/28/202	and assigned
Florida document number 121000341164		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
RHOMBUS GROUP LLC		
The new name must be distinguishable and contain the words "I united I a	bility Company," the designati	on "LTC" or the abbreviation "LT.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7.00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records	. enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Horida stre	rt address
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	te performance of my du s provided for in Chapte	ties, and Lam jamiliar with and r 605, F.S. Or, if this document is

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> Type of Action \_\_\_\_\_\_\_□Remove \_\_\_\_ □Change \_\_\_\_\_ □Change \_\_\_ <u>\_\_\_</u> <u>\_\_\_</u> \_\_\_ Add \_\_\_\_\_ □Change □ Change □Remove □Change  $\perp lAdd$ ☐Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	tive date, if other than the date of filing:  (optional)  (optional)  (determined the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(4)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the reco record is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed.
Dated	September 13 2022
	Signature of a member or authorized representative of a member
	OLENA NEKRASOVA
	Typed or printed name of signee

Filing Fee: \$25.00