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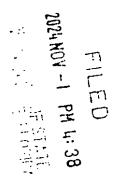
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| J. HORNE NOV 2 5 2024 |
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Office Use Only



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COVER LETTER

TO: Rent

| TO: Registration Division of C | • | | |
|--------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| BLACK | RHINO TILE LLC | • | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Andrea Hollingsworth | | |
| | | Name of Person | |
| | Viglione Accounting Corp | | |
| | | Firm/Company | |
| | 7061 S Tamiami trl Suite 1 | 04 | |
| | | Address | |
| | Sarasota, FL 34231 | | |
| | | City/State and Zip Code | |
| | aviglione@me.com E-mail address: (| to be used for future annual report notification) | |
| For further information | n concerning this matter, please c | • | |
| Andrea Hollingsworth | | 941 465-7867 at () | |
| Name | e of Person | Area Code Daytime Telephone N | umber |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certified Copy is enclosed) Certified Copy is enclosed) | .00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed) |
| Mailing Addi Registration Division of P.O. Box 6 Tallahassee | n Section Corporations 327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303 | nite 810 |

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

BLACK RHINO TILE LLC

OF

2024 HOV - 1

(Name of the Limited Liability Company as it now appears on our records.) 14: 38

| (A Fic | orida Limited Liability Comp | oany) | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| The Articles of Organization for this Limited Liabilit | ty Company were filed o | on 08-12-2021 | MALL. | and assigned |
| Florida document number L21000363463 | | | | |
| This amendment is submitted to amend the following | g: | | | |
| A. If amending name, enter the new name of the | limited liability compa | ny <u>here</u> : | | |
| The new name must be distinguishable and contain the words " | 'Limited Liability Company, | " the designation "L | LC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> | | | <u> </u> |
| (Principal office address MUST BE A STREET AL | ODRESS) | | | |
| | | -· | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | · | | · |
| | | | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address her | | our records, <u>en</u> | ter the name o | f the new registered |
| | | | | |
| Name of New Registered Agent: | <u> </u> | | | |
| New Registered Office Address: | | | | |
| | Ent | er Florida street add | dress | |
| <u> </u> | | | Florida | |
| | City | | | Zip Code |
| New Registered Agent's Signature, if changing Register | | | | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | nd complete performan ed agent as provided fo stered office address, I | ce of my duties r in Chapter 60 | , and I am fan 05, F.S. Or, if i | illiar with and 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> | Address | Type of Action |
|--------------|---------------------|-----------------------|-------------------|
| AMBR | Pablo Gomez Pacheco | 5811 14TH ST W LOT 54 | \equiv Add |
| | | Bradenton, FL 34207 | Remove |
| | | | Change |
| | | | □Add |
| | | | □ Remove |
| | | | |
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| Fective date, if other than the date of filing: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 obe: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records. The 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 is filed. September 30 2024 | _ | |
| Fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 days in this block does not meet the applicable statutory filing requirements, this date will not be listed as current's effective date on the Department of State's records. The 90th day after the is filed. September 30 2024 And | _ | |
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| ited | | |
| Signature of a member or authorized representative of a member | ited | September 30 2024 |
| | | $1\lambda V V V V V V$ |

Filing Fee: \$25.00