## L22 000000482

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDU		ection Services LLC		
SUBJE	SCI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Luis A. De La Cruz		
			Name of Person  Firm/Company  West  Address  City/State and Zip Code  sslic@gmail.com  ress: (to be used for future annual report notification)  case call:	
		-1-2	Firm/Company	
		202 11th Street Drive Wes	t	
			Address	
		Palmetto. FL. 34221		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Luis De La Cruz				
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ <b>\$</b> 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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 Protection Services 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 December 22,2021 and assigned Florida document number L22000000882 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elite Rhino Protection Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 202 11th St Dr W Enter new principal offices address, if applicable: Palmetto, FL. 34221 (Principal office address MUST BE A STREET ADDRESS) 202 11th St Dr W Enter new mailing address, if applicable: Palmetto, FL. 34221 (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 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 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>	Name	Address	Type of Action
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	Donom	shor 20, 2021		
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ord specifies a delayed effective filed.	c date, our not an effect	ive time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
d January 13	$\frac{1}{1+\sqrt{1+\sqrt{1+\sqrt{1+\sqrt{1+\sqrt{1+\sqrt{1+\sqrt{1+\sqrt{1+\sqrt{1$			
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Jus H. Gestu	Signature of a member or	authorized representati	ve of a member	