Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000401985 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (800)906-9220

Fax Number : (800)906-9880

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RHINO 750 SANFORD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

(((H22000401985 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHINO 750 SANFORD LLC		F 1022 N SECT
	PP. C	
(Name of the Limited Lia (A Flo	hility Company as It now appears on our records.) rida Limited Liability Company)	/29 /29
The Articles of Organization for this Limited Liability	y Company were filed on 11/01/2022	သ တင္ဆand a igned
Florida document number L22000467673	<u> </u>	9: 0 9: 0 STAI E. FL
This amendment is submitted to amend the following	•	-A
A. If amending name, enter the new name of the l	imited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registon agent and/or the new registered office address her		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street address	
	, Florid	_
_	Cuy	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 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

Title	Name	Address	Type of Action
AMBR	Andrew Foin	173 Plymouth Drive	□Add
		Scarsdale, NY 10583	Remove
			■ Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			CiChange
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

21 11110	ending any other informati	on, enter change(s) h	ere: (Auach gagi	nonai sneets, ij nece.	ssary.)
-					
~			<u> </u>		
_					
_					
_					
_					
-					
-			 :		
-			··-		
-				·· <u> </u>	
-					
_					
-					
_					
_			<u> </u>		
-		····			
Note:	ive date, if other than the decrive date in listed, the date must be affective date on the Dep	k does not meet the app	licable statutory fil	(optio more than 90 days after this ing requirements, this	nal) iling.) Persuant to 605,020 date will not be listed as
e record rd is fil	d specifies a delayed effective ed.	date, but not an effective	time, at 12:01 a.m	, on the carlier of: (b)	The 90th day after the
Dated [November 29	2022	·		
	/S/ Andrew Fein			_	
	S	gnature of a member or au	thorized representati	ve of a member	_
	Andrew Pein				