

**L24000171531**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and attach it as a cover sheet. To file the audit number shown below on the top and bottom of all pages of the document.

(UIC-00002315733)



424000171531580

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 : 18501617-6383

From:

Account Name : WEEZY SOLUTIONS LLC  
Account Number : 120240000023  
Phone : 14071818-3682  
Fax Number : 14091704-6621

\*\*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 AMEND/RESTATE/CORRECT OR M/MG RESIGN  
RHINNO SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
2024 DEC 27 PM 12:19  
FILED  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)   [Corporate Filing Menu](#)   [Help](#)

RECEIVED  
2024 DEC 27 PM 12:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

K. SALY  
DEC 30 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RHINNO SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA DIRINGER

Name of Person

WEEZY ACCOUNTING

Firm/Company

1878 THETFORD CIR

Address

ORLANDO FL 32824

City/State and Zip Code

info@weezyaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA DIRINGER

407

818 3582

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

RHINNO SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2024 DEC 27 PM 12:19  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/05/2024 and assigned  
Florida document number L24000171531.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(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: WEEXY SOLUTIONS LLC

New Registered Office Address: 1878 THETFORD CIR  
Enter Florida street address

ORLANDO Florida 32824  
City 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.*

JESSICA DIRINGER  
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>	<u>Type of Action</u>
AMBR	DIOGO RESENDE MATTA	2416 GRAND CANALIRVINE, CA 92620	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEGAY ENTERPRISES GROUP S.A	15198 Chapter Way, Winter Garden, FL 34787	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2024 DEC 21 PM 12:19  
FBI - TAMPA

