Division of Corporations Electronic Filing Cover Sheet

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To:

Email Address:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

: (323)389-0502 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RHINO-47 CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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Electronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER

From: Rajiv Srivastava

TO: Registration Division of	on Section Corporations		
RUIN	0-47 CONSTRUCTION LLC		
SUBJECT:	Name of Lin	ited Liability Company	. <u> </u>
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing	
	espondence concerning this matter		
	Mike Town		
		Name of Person	w symmetry of a decision with the contract of
	Legalzoom com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	hunterk3333@gmail.com	to be used for future aimual rep	ort notification)
For further informati	ion concerning this matter, please c		
Mike Town		800 773-0	
Na	ine of Person	at ()	Daytime Telephone Number
	for the following amount:	en e sa sa eur an a	El exo or piller p.
□ \$25.00 Filing Fe	e 🔲 \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	AILING ADDRESS:		OURIER ADDRESS:
	gistration Section vision of Corporations	Registration Division of	Section Corporations
P	O. Box 6327 dlahassec, FL 32314	Clifton Buil	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
2024 NOV 25 PM 2: 33	3

From: Rajiv Srivastava

RHINO-47 CONSTRUCTION LLC	7.	·
(Name of the Limited Liabili (A Florida	ly Company as it now appears on our records.)  Limited Liability Company)	NLLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability C Florida document number 1.24000370619	ompany were filed on 08/23/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and cornain the words "Lim	ited 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 ADDR	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	* * * * * * * * * * * * * * * * * * *	
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street address	
<del></del>	, Florid	il Zip Cock

## 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 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>	Name	Address	Type of Action
AMBR	CAVALLO, MAX D.		🗆 Add
		8899 MAJORCA BAY DR., LAKE WORTH, FL 33467	
			■ Remove
			_□ Change
AMBR	Santiago J. Alvarez	8899 MAJORCA BAY DR , LAKE WORTH, FL 33467	<b>B</b> Add
			□ Remove
			Change
			□ Remove
			Change
			_D Add
			_□ Remove
		·	_□ Change
			_□ Add
			Remove
		<del> </del>	_ Change
			_D Add
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rr valous tuas 16 saturations at					
Tective date, if other than than effective date is listed, the date is outer. If the date inserted in this incument's effective date on the	nust he specific and cannot be block does not meet the a	applicable statutory	g or more than 90 days filling requirements	s, this date will	suant to 505.0 not be listed
e record specifies a delay The 90th day after the re		it not an effect	ive time, at 12:	01 a.m. on t	he earlier
11/24 ited	. 2024	·			
/S/ Hunter James	Signature of a member of		total of a sample		

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Filing Fee: \$25.00