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DATE: 4/24/20

NAME:

THE RHINO CRASH CORP

TYPE OF FILING: AMENDMENT

COST: 43.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	The Rhino Crash Co	orp	
DOCUMENT NUME	BER:		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	Eric Salzman		
		Name of Contact Person	
	FSX		
		Firm/ Company	
	220 Hillsboro Technology Dr	ive Suite 130	
		Address	
	Deerfield Beach FL 33441		
		City/ State and Zip Code	:
	esalzman@fsx.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Angela Schroth		at (818	_)
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassec, FL 32314

Articles of Amendment

to

Articles of the	orporation		
The Plains Cracl	6 CAP		
INC FIND CIASI	y filed with the Florida Dept. of State)	· · · · · · · · · · · · · · · · · · ·	
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P170000 lol			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fol	lowing amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	professional corporation name must c	2020 IPR 1	<u></u>
D. If amending the registered agent and/or registered office address Name of New Registered Agent	ress in Florida, enter the name of the	LY OF STATE SLEEFLORIDA	ED
(Florida str	reet address)		
N. D. L. LOW. Album	. Florida		
New Registered Office Address:	(City)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

. .

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	TS	Susan Aheam	6303 Blue Lagoon Drive Suite 400
X Add			Miami FL 33126
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	i shares,	
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if not applicable, indicate N/A)		
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	4/22/2020	
The date of each amendment(s) ad		, if other than the
date this document was signed.		
4/22/	2020	
Effective date if applicable:		
Little Committee of the	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approv	val
by		
·,	(voting group)	
Dated 4-22	Welisic Man	
(By a d	rector, president or other officer if directors or off	ficers have not been
selecte	i, by an incorporator - if in the hands of a receiver,	trustee, or other court
	ed fiduciary by that fiduciary)	
	Melissa Kravitz	
	(Typed or printed name of person signing	ag)
	President	
	(Title of person signing)	