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Office Use Only



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SECULTARY OF BUSINESSIAN

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	gistration Sec rision of Carp			e ^e ;			
€	Direct Cle	aning Experience LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:	•			
		Marva A. Kelly					
			Name of Person				
		Rainfall Enterprises	LLC				
			Firm/Company				
		818 Breezy Lake Wa	ay				
			Address				
	Minneola, FL 34715						
			City/State and Zip Code				
		marva@rainfallenter					
For further i	nformation co	E-mail address: (ncerning this matter, please ca	to be used for future annual report notificat	ion)			
Marva A.			321 355-0405				
Name of Person		Person	at (lephone Number			
Enclosed is	a check for the	e following amount:					
\$25.00 1	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORTORATIONS

Direct Cleaning Experience L	LC	15 APR -2 AMII: 04
	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liabi		
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company l	<u>ere</u> :
Rainfall Enterprises LLC		
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	0	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida street address
	2,000	
-	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			□ Remove	
			<u>·</u> Add	
				
	· 		□ Add	
			Remove	
			Remove	
			□ Remove	
			Add	
			□ Remove	

D. If amending any other information, enter change(s) here: (Attach addition) 1. Please change the city from Mineola, FL to Minneola, FL to M	FL.
	SECRETARY COURSE TO SECRETARY COURSE TO SECRETARY COURSE OF SECRET
	15 APR -2 AMII: OL
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State) Dated	(optional) be more than 90 days after
Signature of a member or authorized representative	of a member
Marva A. Kelly	

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Filing Fee: \$25.00