

118000237084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

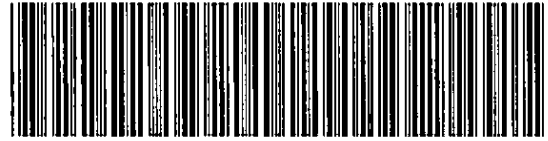
(Business Entity Name)

(Document Number)

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2018 DEC -3 PM 4:04
SECRETARY OF STATE
FALL RIVER, MA 01931

Amend/cus
Namech8

DEC 06 2018
FALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rainbow Palate Nutrition, 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:

Yesenia Chediak

Name of Person

Rainbow Palate Nutrition, LLC

Firm/Company

19620 nw 83 ave

Address

Miami, FL 33015

City/State and Zip Code

yesenia_rd@aol.com

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

For further information concerning this matter, please call:

Yesenia Chediak Yesenia Chediak 786 704-7496
Name of Person at () 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Rainbow Palate Nutrition, LLC

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

2019 DEC -3 4:03 PM
SECRETARY OF STATE - FLORIDA
FILED

The Articles of Organization for this Limited Liability Company were filed on October 8, 2018 and assigned
Florida document number L18000237084

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rainbowl Palate Nutrition, LLC

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

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.

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 | YESENIA CHEDIAK | 19620 NW 83 AVE, HIALEAH, FL. 33015 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | KARINA BORGE-CHEDIAK | 19620 NW 83 AVE, HIALEAH, FL. 33015 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

January 1, 2019

E. Effective date, if other than the date of filing: _____ (optional);

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(c)-

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 29, 2018

Handwritten signature of Yesenia Chediak

Signature of a member or authorized representative of a member

Yesenia Chediak

Typed or printed name of signer