

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000264426 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_			
п	_	٠	
	v		

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAINBOW ROAD SOUTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T GLASS

09/27/2030 00 61

#6741 P 001/002

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAINBOW ROAL	D SOUT	HO LIC		
(Name of the Limited Liability Compas (A Florida Limited L	vas it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	10/18/06	and assigned	
Florida document number Lobo a to 10 1421				
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the limited liab	ility company here	:	****	
The new name must be distinguishable and end with the words "Limi"L.L.C."	icd Liability Compai	ny," the designation	"LEC" or the abbreviation	
Enter new principal offices address, if applicable:			***	
(Principal office address MUST BE A STREET ADDRESS)		en angele e enamene en en en en en		
			20	
Enter new malling address, if applicable:			: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
(Mailing address MAY BE A POST OPPICE BOX)	PO BOX	960744		
	HIAHS	FL 332	516-0744	
B. If amending the registered agent and/or registered of	fice address on a	ur records, enter	the name of the new	
registered agent and/or the new registered office address her		- reserved William	National Control of the Control of	
			51	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Ent	er Florida street a	daress	
·	Florida			
٠	· 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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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

3052201440

08/27/2030 00 01

#6741 P 002/002

If amending the Managers or Managing Members on our records, enter the title, name, and addiess of each Manager or Managing Member being added or removed from our records:

MGR = Mani MGRM = Mi	ager anaging Member		•
Title	Name	Address	Type of Action
<u>HGRH</u>	JORGE H. ALVAREZ	MIBELL PL 23/29	Add Remove
HGRH	KAREH ALYAREZ	MIAHI FL 39129	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter chang	ge(s) here: (Anach additional sheets, if necessary	2019 SEP _
. –			- 3 PH 4:
		A19	35
Dated	9/03 Hallon Signstyre of a memby	er of authorized representative of a member	<u>.</u>
	Signature of a member of a mem	ERTO ALVARETA ed or printed name of signes	

Page 2 of 2