

206000113483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

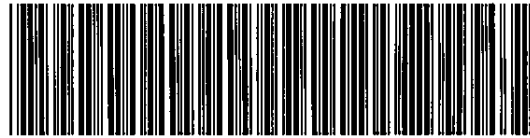
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

AUG 05 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2014

TERRY L. FINE  
7497 W COUNTRY CLUB DR. N.  
SARASOTA, FL 34243

SUBJECT: OVER THE RAINBOW LLC  
Ref. Number: L06000113483

We have received your document for OVER THE RAINBOW LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 014A00015129

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **OVER THE RAINBOW 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:

**TERRY L. FINE**

Name of Person

**PALM AIRE REALTY PARTNERS**

Firm/Company

**7497 W COUNTRY CLUB DR. N**

Address

**SARASOTA, FL. 34243**

City/State and Zip Code

**terryfine@gmail.com**

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

For further information concerning this matter, please call:

**TERRY FINE**

Name of Person

**941 355-6300 EXT. 3**

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

2014 AUG -4 PM 12:28  
RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32301

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

**OVER THE RAINBOW LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 11/27/2006 and assigned  
Florida document number L06000113483.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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**

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JACKSONVILLE  
FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	WILLIAM I. COLLINS		<input type="checkbox"/> Add
		7497 W COUNTRY CLUB DR. N SARASOTA, FL. 34243	<input checked="" type="checkbox"/> Remove
AMBR	REVOCABLE LIVING TRUST OF I WILLIAM COLLINS DATED JUNE 28 2012	7497 W COUNTRY CLUB DR. N SARASOTA, FL. 34243	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

1-30-2014

Signature of a member or authorized representative of a member

TERRY L. FINE MANAGING MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE FL 32303

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