

L08000089220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

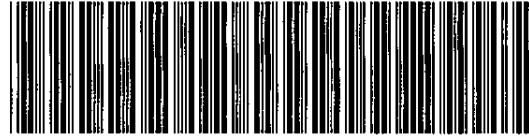
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700239347097

09/07/12--01012--018 **25.00

FILED
12 SEP - 7 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 10 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAINBOW OF OCALA, 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:

VIJAY PATEL

Name of Person

RAINBOW OF OCALA, LLC

Firm/Company

2600 SW 19TH AVE. RD.

Address

OCALA, FL 34471

City/State and Zip Code

VJY1960@AOL.COM

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

For further information concerning this matter, please call:

VIJAY PATEL

Name of Person

at (352)

Area Code & Daytime Telephone Number

~~557-5061~~ 804-8460

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)

mail
to:

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

FILED

12 SEP -7 PM 12: 42

RAINBOW OF OCALA, LLC

SECRETARY OF STATE

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

The Articles of Organization for this Limited Liability Company were filed on 09/18/2008 and assigned
Florida document number L08000089020.

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:

VIJAY PATEL

New Registered Office Address:

2600 SW 19TH AVE. RD.

Enter Florida street address

OCALA

, Florida

34471

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 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.



08/22/2012

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--|--|
| MGR | RAJENDRA PATEL | 2600 SW 19TH AVE. RD. OCALA, FL 34471 | <input type="checkbox"/> Add <input checked="" 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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated AUGUST 21, 2012

R

[Signature]

08/22/2012

Signature of a member or authorized representative of a member

VIJAY PATEL

Typed or printed name of signee

FILED
12 SEP - 7 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA