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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WILLAIMS & MORRIS, P.A.

Account Number : 120030000069 Phone

: (786) 256-6615 · Fax Number : (888)836-5107

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMILING RAINBOW LLC

Certificate of Status	1
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J. SAULSBERRY

SEP 2 4 2010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SM	MILING RAINBOW, LLC.		_		
(<u>Name of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	 		
The Articles of Organization for this Limited Li	ability Company were filed on	01/21/2009	and assigned		
Florida document numberL09000006	3386				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> ;			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	any," the designation "L			
Enter new principal offices address, if applie	able:		2000年		
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>		

			FLOX 9:		
Enter new mailing address, if applicable:	***				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
			, , , , , , , , , , , , , , , , , , , 		
B. If amending the registered agent and/oregistered agent and/or the new registered of	1,	our records, <u>enter tl</u>	te name of the new		
	THE WALL SON HOLD				
Name of New Registered Agent:	MAURICIO ACEVEDO				
New Registered Office Address:					
	Enter Florida street address				
•	MIAMI	, Florida	33131		
	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.

-tr Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

(((H100002098993)))

TIME

Fm:MyFax - Williams&Morris, P.A. (18506176383)

13:00 09/23/10GMT-04 Pg 03-04 (((H100002098993)))

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>	Name	Address	Type of Action
MGRM	HENRY HAYA	6625 MIAMI LAKES DRIVE STE 330 MIAMI LAKES, FL 33014	Add Remove
<u>MGRM</u>	MAURICIO ACEVEDO	800 CLAUGHTON ISLAND DRIVE STE 2404 MIAMI, FL 33131	Add Remove
MGRM	HEIDI WINER	800 CLAUGHTON ISLAND DRIVE STE 2404 MIAMI, FL 33131	Add Remove
			Add Remove
			Add Remove
D. Ifameno	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	2010 SEP 23
. —-			SEP 23 AM 9: 49 SEE SAY OF STATE AMASSEE, FLORIDA
Dated		bez or authorized representative of a member	
	M Tyj	AURICIO ACEVEDO red or printed name of signee	<u> </u>
		Page 2 of 2	

(((H10000 Z09 8993)))