

# L0900000 19 769

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

50183

**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.**

(((H12000134222 3)))



H120001342223ABCR

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

**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIPI LLC

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

RECEIVED  
12 MAY 18 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 MAY 18 AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 21 2012

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

112000134222

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MIPI 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 08/19/2009 and assigned  
Florida document number L09000079769.

This amendment is submitted to amend the following:

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

RAINIER Business Information Technology, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

12 MAY 18 AM 7:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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:

NIIRIAM M. PEREZ

New Registered Office Address:

2500 SW 107 AVE. SUITE 8

Enter Florida street address

MIAMI

Florida

33165

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.

Niriam M. Perez  
If Changing Registered Agent, Signature of New Registered Agent

112000134222

H12000134222

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

Title	Name	Address	Type of Action
MGR	GIORGIO BARGELLINI	4795 NW 104 AVE. DORAL FL 33178 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VIOLETA SAENZ	4795 NW 104 AVE. DORAL FL 33178 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ALEXANDER LEON	4795 NW 104 AVE. DORAL FL 33178 US	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 17, 2012

Giorgio Bargellini  
Signature of a member or authorized representative of a member  
Giorgio BARGELLINI  
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED  
12 MAY 18 AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H12000134222