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D. BRUCE

MAY 11 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Rain of Blessings LLC
Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chisato Igave Name of Person
Rain of Blessings LLC Firm/Company
13310. N. 56th Street
Temple Terrace FL 33617 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Chisato Igaue at (813) 265-3955 SS Name of Person Area Code & Daytime Telephone Number 25 No. 1
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Status Certificate of Status \$55.00 Filing Fee & Settificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rain of Blessin	nas, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pady as it now appears d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 10000 17617</u> .			_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here	:	
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Compar	ny," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		- No. 1	<u>,</u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		7
		PA PA	
		SA	
Enter new mailing address, if applicable:		F _C	
(Mailing address MAY BE A POST OFFICE BOX)			2
			2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ur records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fret	er Florida street addres	
	Ente		ii.
	City	, Florida	Zip Code
			4

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Donald Wu	13310 N. 56th Street Tampa FL 33617	Add Remove
MGR	Chisato Igaue	13310 N. 56th Street Tampa. Fr 33617	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	hisato Igane is MGRM	of Rain of Blessings	u~ i
· [Ponald Whis a shar Which is MGRM	e holder of Donald Wu Is of Rain of Blessing	avestment, Inc.
Dated		or authorized representative of a member	
	Chisato Igaue Typed	or authorized representative of a member MGRU of Happiness H or printed name of signee	oldings, LLC

Filing Fee: \$25.00