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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 17 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rain of Blessings, 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:

Chisato Igaue
Name of Person
Rain of Blessings, LLC
Firm/Company
13310 N. 56th Street
Address
Temple Terrace, FL 33617
City/State and Zip Code
cigaue@tampabay.rr.com
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
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 MAY 14 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rain of Blessings 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 2/15/10 and assigned
Florida document number L10000017617

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

MGR = Manager
MGRM = Managing Member

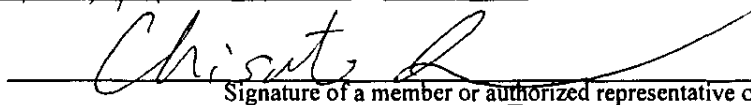
Title	Name	Address	Type of Action
MGRM	Happiness Holdings LLC		☐ Add ☒ Remove
MGRM	Donald Wu Investment, Inc		☐ Add ☒ Remove
MGRM	KC International Consulting, LLC		☐ Add ☒ Remove
MGRM	Sabas Ventures, LLC		☐ Add ☒ Remove
MGRM	Kan Chang	13310 N. 56th Street Temple Terrace FL 33617	☒ Add ☐ Remove
MGRM	Bobby Sabas	13310 N. 56th Street Temple Terrace FL 33617	☒ Add ☐ Remove

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

Chisato Igane MGR → MGRM

Donald Wu MGR → MGRM

Dated 5/13/10, 2010.


Signature of a member or authorized representative of a member

Chisato Igane
Typed or printed name of signee

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