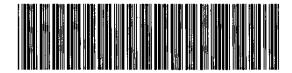
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(Re	questor's Name)	<del>-</del>
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K.SALY EXAMINER DEC 11 2013

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: RA	INBOW AS	SSET /AVESTME ed Liability Company	ENTS,LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Y SHARON Name of Person	
	COAST CAPITY	AL PARTMERS LLO Firm/Company	<u>C</u>
		30 HA #514 Address	
	AVENTURA guy 6 coota TE-mail address: (to	Fy 33180 City/State and Zip Code Control portues. Not obe used for future annual report notificati	ion)
For further information co	ncerning this matter, please ca	ıll:	
SHY SHY Name of	ARON Person	at ( <u>786) 406 1-</u> Area Code & Daytime Te	769 :lephone 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:

TO:

**Registration Section** 

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



RAINBOW ASSET INVESTMENTS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florid	a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		05/20/0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company."	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ADECC)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
<u> </u>		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
4/GRM	ILAH KEDEM	1423 SE 10 Histricet, St#1	Add
		1423 SE 10 Historiet, St#1 CAPE CORAL, FL, 33990	Remove
		·	Add
			Remove
			<u> </u>
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
		<del></del>	Remove

	,
l	12/4/2013
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00