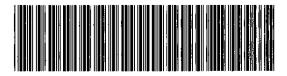
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| (Requestor's Name)                      |                    |           |  |  |  |
|---|--------------------|-----------|--|--|--|
| (Address)                               |                    |           |  |  |  |
| (Address)                               |                    |           |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | ÷#)       |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |  |
| (Bu                                     | siness Entity Nam  | ne)       |  |  |  |
| •                                       | •                  | •         |  |  |  |
| (Document Number)                       |                    |           |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |
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2011 AUG 22 RM 1: 48
SECRETARY OF STATE
AND ASSEFT FI OR DA

C. LEWIS

AUG 2 3 2011

EXAMINER

# **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| SUBJECT: RAINMAKER PROPERRIES LL (MISPELEN PROPERTIES"  Name of Limited Liability Company  WHAL APPLICATION)  | 0 |  |  |  |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |   |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |   |  |  |  |  |  |
| DAVID J. FULLER JR.  Name of Person   |   |  |  |  |  |  |
| RAIN MAREN PROPPENDIES, LCC Firm/Company  |   |  |  |  |  |  |
| 1325 S. INTERATIONAL VKWY # 2281  |   |  |  |  |  |  |
| Herntnew, FL 39746  City/State and Zip Code  DFULLE DOM WE. COM   |   |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |   |  |  |  |  |  |
| For further information concerning this matter, please call:  |   |  |  |  |  |  |
| DAVID FULLER at (40) 230-7208   |   |  |  |  |  |  |
| 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 Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

| RAINMAKER (  | DNOPERATES, LCC                   | 2011 AUG 22 PM 1: 48                                      |  |  |  |
|--|-----------------------------------|---|--|--|--|
| (Name of the Limited Lin   | ability Company as it now appear  | s on our records. DEURETARY OF STATE TALLAHASSEE, FLORIDA |  |  |  |
|  |                                   |   |  |  |  |
| The Articles of Organization for this Limited Liab   | ility Company were filed on       | 8-17- // and assigned                                     |  |  |  |
| Florida document number L 11000094   | 1438                              |   |  |  |  |
|  |                                   |   |  |  |  |
| This amendment is submitted to amend the following   | ing:                              |   |  |  |  |
| A. If amending name, enter the new name of th  | e limited liability company here  | 2:  |  |  |  |
| RAINMAKER PROPERTIES, LLC  |                                   |   |  |  |  |
| The new name must be distinguishable and end with the "L.L.C."   | he words "Limited Liability Compa | ny," the designation "LLC" or the abbreviation            |  |  |  |
| Enter new principal offices address, if applicable   | e:                                |   |  |  |  |
| (Principal office address MUST BE A STREET A   | ADDRESS)                          |   |  |  |  |
|  |                                   |   |  |  |  |
|  |                                   |   |  |  |  |
| Enter new mailing address, if applicable:  |                                   |   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BO   | <u></u>                           |   |  |  |  |
|  | <del></del>                       |   |  |  |  |
|  | <del> </del>                      |   |  |  |  |
| 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  | e 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 Reg  | istered 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         | I = Managing Member                       |   |                                 |
|--------------|---|---|---------------------------------|
| <u>Title</u> | <u>Name</u>                               | Address                                       | Type of Action                  |
|              |   |   | Add Remove                      |
|              |   |   | AddRemove                       |
|              |   |   | Add<br>Remove                   |
| D. If an     | nending any other information, enter chan | nge(s) here: (Attach additional sheets, if ne | cessary.)                       |
|              |   |   | ZOII AUG                        |
|              | N (5 12                                   |   | ASSE 22                         |
| Dated _      |   | 1011 - Delin                                  | PR 1: 42<br>OF STATE<br>FLORIDA |
|              | ~   | or or authorized representative of a member   |                                 |
|              |   | d or printed name of signee                   |                                 |

Page 2 of 2

Filing Fee: \$25.00