

LI2000041750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

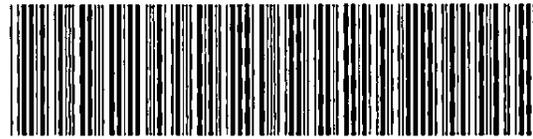
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
JUN 28 2022

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TALLAHASSEE, FL
SECRETARY OF STATE

2022 JUN 27 PM 3:00

RECEIVED

TALLAHASSEE, FL
SECRETARY OF STATE

2022 JUN 27 AM 9:59

FILED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/27/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1049694

ORDER ENTITY
RAINBOW HEALING SPACE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
RAINBOW HEALING SPACE, LLC (FL)

File the attached amendment

NOTES:
\$25.00 Authorized
Email address for annual report reminders: samargh2013@gmail.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2022 JUN 27 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAINBOW HEALING SPACE, 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 10/11/2016 and assigned Florida document number L12000041750.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2007 North Bay Road

(Principal office address MUST BE A STREET ADDRESS)

Apartment 2

Miami Beach, FL 33140

Enter new mailing address, if applicable:

2007 North Bay Road

(Mailing address MAY BE A POST OFFICE BOX)

Apartment 2

Miami Beach, FL 33140

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Samar Ghadban	2007 North Bay Road	<input type="checkbox"/> Add
		Apartment 2	<input type="checkbox"/> Remove
		Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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