## 412000095387

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EXAMINER

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ABLANASSEE PLANIE

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations		
SUBJECT:	Rainbow Dev	elopment Group LLC	
	Name of Lim	ited Liability Company	,
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
		Linda Watson CPA	
		Name of Person	
	L	inda Watson CPA, PA	700
		Firm/Company	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		P. O. Box 291190	A PLAS ARAS
	and a state of the	Address	See an I
	C	ort Orange, FL 32129	IS PH 3
	Г	City/State and Zip Code	
	a a	ahemaidan@aol.com	
	E-mail address: (	to be used for future annual report notificat	on)
For further information	n concerning this matter, please	call:	
	Linda Watson	at \	8-8680
Nan	ue of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rainbow Dev (Name of the Limited Liability Control (A Florida Line)	elopment Group	LLC rs on our records.)	
(A Florida Lir	mited Liability Company)	,	
The Articles of Organization for this Limited Liability Cor	mpany were filed on	07/24/2012	and assigned
Florida document number L12000095387	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
E.E.C.			F. 22
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	SS)		3 m
			T I
Enter new mailing address, if applicable:		į	
• • • • • • • • • • • • • • • • • • • •			5m -
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or register	red office address on	our records enter	the name of the nev
registered agent and/or the new registered office addre		our records, enter	the manie of the me.
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Er	nter Florida street ad	dress
		, 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 Ac	<u>ction</u>
MGR	Rana Hemaidan	1690 Dunlawton Ave Suite 125 Port Orange, FL 32127	Add Remove	
MGR	Ammar Hemaidan	994 Waterford Pointe Dr. Port Orange, FL 32127	☐ Add ☑ Remove	
MGR_	Abir Hemaidan	1690 Dunlawton Ave Suite 125 Port Orange, FL 32127	_ Ø Add _ ☐ Remove _	
			Add Remove _	
			Add Remove _	
			Add Remove	
D. If ame	nding any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	312 8CT 15	
- -		E, RCORIO,	PH 3 11	IT O
Dated	September 18,			
	Signature of a	member or authorized representative of a member	<del></del>	
	/	Abir Hemaidan		•
		Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00