L12000155703

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SECRETARY OF STATE

JUN 1 7 2019 J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

GOLDEN RAIN, 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:

JOHN G. PIERCE

Name of Person

PIERCE & ASSOCIATES

Firm/Company

800 N. FERNCREEK AVENUE

Address

ORLANDO, FLORIDA 32803

City/State and Zip Code

JERRY@JOHNPIERCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERRYL MACFAWN

407,898-4848

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

(Name of the Limited Liebili	it: Company ag it now appears on	our records \
(A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L12000155703</u>	Company were filed on DECE!	MBER 13, 2012 and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the lin	mited liability company here:	4.0 8
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LHC" or the abbreviation
Enter new principal offices address, if applicable:		Fig. 2 0
(Principal office address MUST BE A STREET ADL	ORESS)	
		RIE -
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ASHRAF MALKAWI	2537 CHATHAM CIR	Add
		KISSIMMEE, FL 34746	Remove
MGR	ASHRAF JAMIL MALKAWI	2537 CHATHAM CIR	Add
		KISSIMMEE, FL 34746	Remove
MGR	IBRAHIM AQIL	2537 CHATHAM CIR	Add
		KISSIMMEE, FL 34746	Remove
		SECRETAR TALLAHASS	Remove
		EE, FLORIDA	A add)
			Add

amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Andi Onli
	Signature of a member or authorized representative of a member
	FADI ALSMADI
• • •	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE