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COVER LETTER

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SUR IFA	~т∙	RAINBOW	/ HILL, LLC			
SOBJEC	. I.			ited Liability Company		
The encl	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspond	dence concerning this matter	to the following:		
			Cary P. Sabol, Esq.			
				Name of Person		•
			Law Offices of Cary	P. Sabol		
				Firm/Company		•
			P.O. Box 15981			
				Address		,
			West Palm Beach, F	Florida 33416		
				City/State and Zip Code		
			CSabol@Sabollaw.co			
				to be used for future annual repo	rt notification)	
For furth	ier in	formation con	cerning this matter, please ca	ıll:		
Cary F	P. S	abol, Esq.		561 281-2	2744	
		Name of F	Person	Area Code D	Daytime Telephone Number	
Enclosed	d is a	check for the	following amount:			
\$25.	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified	te of Status &

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

RAINBOW HILL, LLC	
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	Liability Company were filed on February 12, 2013 and assigned
This amendment is submitted to amend the following	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
N/A	
The new name must be distinguishable and end with the	e words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
registered agent and/or the new registered o	l/or registered office address on our records, enter the name of the new office address here: Cary P. Sabol, Esq.
Name of New Registered Agent:	Cary 1 . Sabol, Esq.
New Registered Office Address:	707 North Flagler Drive
·	Enter Florida street address
	West Palm Beach Florida 33401
N. D. J. J. G. J. J. J.	City Sip Care The Registered Agent:
New Registered Agent's Signature, if changing	22
provisions of all statutes relative to the prop	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I hereby confirm that the Hmited liability

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manage	er or
Authorized Member being added or removed from our records:	

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Actio
AMBR	Peter Marciniak	P.O. Box 1627	Add
		Vineyard Haven, MA 02568	☐ Remove
			Remove
			□ Add
			□ Remove
			
			□ Remove
			Acc M
			Add HAMPON STATE
·			FORMULA CONTROL OF TAILED
			□ Remove

N/A			
•			
			
		. <u></u>	
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(The effective date i	nust be specific, can	e date of filing:	(optional) ad cannot be more than 90 days after
	015	2015	
		1/4 /2	maghinted programmy common new
		Signature of a member or authorized repr	esentative of a member
	L. Dantzig	Signature of a member of authorized repr	

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Filing Fee: \$25.00

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