TO:18506176383

Page:

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000215807 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : G & A ACCOUNTING AND TAXES SERVICES, INC.

Account Number : I20120000033

Phone

: (305)801-5394

Fax Number

: (786)231-5720

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

LC AMND/RESTATE/CORRECT OR M/MG RESIGN RAINING GOLD MINING, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

09/9/2015

07:58

## TO: 18506176383 FROM: 7862315720 ARTICLES OF AMENDMENT

Page:

3

### ARTICLES OF ORGANIZATION **OF**

RAINING GOLD MINING LLC					
(Name of the Limited Liab (A Flori	lity Company as it now appears on o du Limited Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability	Company were filed on 10/16/20	and assigned			
Florida document number L13000146673	··············				
This amendment is submitted to amend the following:					
a. If amending name, enter the new name of the lir	nited liability company here:				
BAUHAZ MANUFACTURER, LLC.					
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	N/A				
Principal office address MUST BE A STREET ADD	RESS)	- <del> </del>			
		2 × × 2			
inter new mailing address, if applicable:	N/A	<b>松</b> 克 <b>G</b> ===			
(Mailing uddress MAY BE A POST OFFICE BOX)	No. of the last of				
	- · · · - · · · · · · · · · · · · · · ·	99 144			
<ol> <li>If amending the registered agent and/or reg egistered agent and/or the new registered office ad</li> </ol>		records, enter the name of the			
Name of New Registered Agent: N/A					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	Citv	Zip Code			

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 Avent

# 0949/2015 07:58 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>	Address	Type of Action
	N/A	N/A	Add
		, where the state of the state	□ Remove
		manageness systems in the state of the second secon	☐ Change
			□ Add
			П Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
		well-sign access deather destruction are served in the properties of the served in the	Change
	Carlotte Control of the Control of t		□ Add
			☐ Remove
			☐ Change
<del></del>			□ Add
			_☐ Remove
			☐ Change

etive date, if other than the date of filing: 09/09/5 (optional)	015 07:58 TO:18: mending any other information, N/A				
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional	The second secon				
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional					
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional			· · · · · · · · · · · · · · · · · · ·		
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional					
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional					
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional				<del></del>	
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional		ومراور من والمستقدان والمناه الماري عن من المستقد بين والمستقد المستقد المستقد المستقد المستقد المستقد المستقد			
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional					
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional					
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional				ىلى دارىيى ئارىيىدى ئ	
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional	***************************************				·
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional					
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional	1				
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional	——————————————————————————————————————		arraya di Maladad <del>di Cala</del> <del>di Calay</del> a ya Malaya da		
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional			· · · · · · · · · · · · · · · · · · ·		
etive date, if other than the date of filing:  ### Deficitive date, if other than the date of filing:  #### Optional					
etive date, if other than the date of filing:  19/09/15  (optional)  Frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	**************************************	**************************************			7
etive date, if other than the date of filing:  19/09/15 (optional)  19/09/15 (optional)  19/09/15 (optional)  19/09/15 (optional)  20/09/15 (optional)				المنطقة المستسول والمراد الدائمة الما المامة المامة المامة المامة المامة المامة المامة المامة المامة	
effective date, if other than the date of filing:  ### D9/09/5  ### (optional)  ### Continuation of the date of thing or more than 90 days after filing.) Pursuant to 60  #### If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lise.	\$ No. 44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	N (		er seit fanns de service service son son son de service de service de service de service de service de service	マイでし
effective date, if other than the date of filing:   99/09/15 (optional)  Freetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis					<u> </u>
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis			/ /		
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	ctive dute, if other than the date	of filing: D9	/09/15	(ontions	
in the date inserted in this block does not meet the applicable statutory fitting requirements, this date will not be lis ment's effective date on the Department of State's records.	effective date is listed, the date must be sp	ecific and cannot be prior	o date of filing or more	than 90 days after tilir	ig.) Pursumit to
	iment's effective date on the Departs	nent of State's records.	oic statutory titing re	equirements, this day	ie will not be
	so OAth dasc after the recent t	s filed.		<i>)</i>	
e 90th day after the record is filed.	ie 90th day after the record i				
e 90th day after the record is filed.	1/	no			
e 90th day after the record is filed.	///-				
e 90th day after the record is filed.	d $\frac{09/04/15}{}$	2015	11		
	a 09/04/15		rized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00