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S. WARREN JUN 2 0 2017

COVER LETTER

TO: Registration Secti Division of Corpo		3	•
SUBJECT:	bow FINA Name of Limi	<u>ucial Geoup</u> ited Liability Company	LLC.
The enclosed Articles of Ar	nendment and fec(s) are sub-	nitted for tiling.	
Please return all correspond	ence concerning this matter t	to the following:	
	RAINIBOU PO-B	City State and Zib Code	3
	E-mail address: (1	52003 @ 9MA1/1 C o be used for future simual report notifi	cation)
For further information con-	cerning this matter, please ca	ill:	
Joseph Name of P	Zi/fay	at (<i>DSG</i>) – 262 Area Code Daytime	-6903 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

RAINDOW FINANCIAL GROOF LCC
(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 21-23-14 and assigned Florida document number <u>14000021369</u>. 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ___

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 Fam 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

	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of e	ach person being added
$MGR = M_2$ $AMBR = At$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JosEPh Riley	2125 NIN 155 St.	₩ Xdd
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	(optional)
reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day te: If the date inserted in this block does not meet the applicable statutory filing requirement	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12	:01 a.m. on the earlier
record specifies a delayed effective date, but not all effective time, at 12	
The 90th day after the record is filed.	
he 90th day after the record is filed.	
he 90th day after the record is filed.	17
the 90th day after the record is filed.	17 JUI
the 90th day after the record is filed.	17 JUN 19
he 90th day after the record is filed.	FILED 17 JUN 19 PM

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