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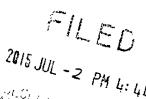
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K. SALY EXAMINER JUL - 6 2015

COVER LETTER *

TO: Registration Division of	n Section Corporations
MY FL SUBJECT:	ORIDA RAINBOW MARRIAGE LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	CHARLES J TAYLOR
	Name of Person
	MY FLORIDA RAINBOW MRRIAGE LLC
	Firm/Company
	5603 19TH ST W
	Address
	BRADENTON FL 34207
	City/State and Zip Code
	n6xx@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Charles Taylor	941 751-0630 at ()
Nan	ne of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	AILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Section Division of Corporations Division of Corporations Division of Corporations Clifton Building Division of Corporations Division of Corporations Clifton Building Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MY FLORIDA RAINBOW MARRI.	ACELLO	, VI	Sir - PA 4:41
(<u>Name of the Limited Liability</u> (A Florida L		rs on our records.)	TIMSSEF OF STAN
(A Florida L	imited Liability Company)		CHARY OF STATE
The Articles of Organization for this Limited Liability Cor	npany were filed on	JUNE 12,2015	and assigned
Florida document numberL15000103195			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company h	ere:	
RAINBOW WEDDINGS	SLLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	lesignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		_	
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		our records, <u>enter</u>	the name of the new
	 -		
Name of New Registered Agent:			
New Designation of Control of Control			
New Registered Office Address:	Enter Flor	rida street address	
		. Florida	
	City	, riviida	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 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

If amending or removed f	Authorized Person(s) authorized to no rour records:		e, and address of each person being added
MGR = Ma		20.0	FILED
<u>Title</u>	<u>Name</u>	Address	
-			RESEE, FEGURID □ Add
			□ Remove
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(optional) ore than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed a
me, at 12:01 a.m. on the earlier
of a member

Page 3 of 3

Filing Fee: \$25.00