

8/19/2016

Division of Corporations

L15000159590

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (305)541-7033

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

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 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE RAINBOW LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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8/23/16 DS

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLUE RAINBOW LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/18/2015 and assigned
 Florida document number L15000159590

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 end with 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)

100 N Federal Hwy. Apt 1025

Fort Lauderdale FL 33301-1189

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 N Federal Hwy. Apt 1025

Fort Lauderdale FL 33301-1189

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

City

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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

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|-----------------------------|--|
| MGR | GALLI, DORA I | 500 BAYVIEW DR APT 1828 | <input type="checkbox"/> Add |
| | | NORTH MIAMI BEACH, FL 33160 | <input checked="" type="checkbox"/> Remove |
| MGR | GALLI, DORA I | 100 N FEDERAL HWY STE 1025 | <input checked="" type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33301 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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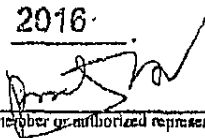
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 08/08/2016 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 8th, 2016.



Signature of a member or authorized representative of a member

DORA I GALLI

Typed or printed name of signer

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