

L16000021244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2016 MAR -9 A 9:05
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TALLAHASSEE, FLORIDA

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MAR 10 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2016

CALOGERO SCIORTINO
5122 NW 79TH AVENUE, SUITE 106
DORAL, FL 33166

SUBJECT: RAINBOW LOGISTICS LLC
Ref. Number: L16000021244

We have received your document for RAINBOW LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 516A00003216

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAINBOW LOGISTICS LLC

Name of Limited Liability Company

2016 MAR -9 PM 3:57
STATE OF FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CALOGERO SCIORTINO

Name of Person

RAINBOW LOGISTICS LLC.

Firm/Company

5122 NW 79TH AVE SUITE 106

Address

DORAL, FL 33166

City/State and Zip Code

BARBARA.STRATOS@SOUTHERNLOGISTICSONE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA STRATOS

786 5719163

Name of Person

Area Code

Daytime 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**

RAINBOW LOGISTICS 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 JANUARY 25 2016 and assigned Florida document number L6000021244.

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 TALLAHASSEE, FLORIDA

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:

5122 NW 79TH AVE SUITE 106

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33166

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:

PRO LOGISTIC MANAGEMENT CORP

New Registered Office Address:

10598 NW SOUTH RIVER DR SECOND FLOOR

Enter Florida street address

MEDLEY, FL

City

, Florida 33178

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 Authorized 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>	<u>Address</u>	<u>Type of Action</u>
MGR	PROLOGISTIC MANAGEMENT	10598 NW SOUTH RIVER DR	<input checked="" type="checkbox"/> Add
		SECOND FLOOR	<input type="checkbox"/> Remove
		MEDLEY, FL 33178	<input type="checkbox"/> Change
MBR	CALOGERO SCIORTINO	5122 NW 79TH AVE SUITE 106	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ELIANA SCIORTINO	5122 NW 79TH AVE SUITE 106	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 REMOVE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 03/07/2016 (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/07 2016

Signature

Signature of a member or authorized representative of a member

Calogero Sciortino

Typed or printed name of signee

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TALLAHASSEE, FLORIDA