Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CARDONA-DIAZ & HERNANDEZ PL

Account Number : I20110000063

Phone Fax Number : (305)374-2295 : (786)472-7285

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

Email Address:							
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RAINBOW JEWELS CITY CENTRE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2016 APR 20 AM 8: 27

SECRETARY OF STATE FALEAHASSEE ELORIDA

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Company as it now appears on our records.) Limited Liability Company)	
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ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
ESS)	
<u></u>	
ered office address on our records, <u>e</u> ess here:	nter the name of the
Enter Classica street address	
, Florid	Zip Code
	ed liability company here: ed Liability Company," the designation "LLC" or ESS) Enter Florida street address , Florid

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

100

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

Title	Name	Address	Type of Action
MGR	Salinas, Richard	8725 NW 18th Ter Ste 308	
		Doral FL 33172	□ Remove
			Add
			□ Rcmove
			☐ Change
			APROOF STATE OF STATE
			SSEE O Champs
			S Addes
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing requ	(optional) on 90 days after filing.) Pursuant to 605.0207 (3)(b) direments, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the re	ed effective date, but not an effective time, ecord is filed.	at 12:01 a.m. on the earlier of:
Dated April 20	2016	
	300	
	Signature of a member or authorized representative of a m	ember
Saidin M. Hernandez		
	Typed or printed name of signee	

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Filing Fee: \$25.00