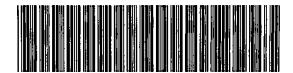
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JAN 13 2017

S. YOUNG

17 JAN 12 PH 12: 2

COVER LETTER

TO: Registration Section Division of Corpo					
	ridge Health Care LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Yaremy Camba				
		Name of Person			
	Rainbow Bridge Health Ca	re LLC			
		Firm/Company			
	2623 Kinnon Dr				
		Address			
	Orlando Florida 32817			17	TALL TALL
		City/State and Zip Code			丰富。
	rainbowbridgehc@yahoo.co	om to be used for future annual report notific	cation)	2	44
For further information cor	cerning this matter, please ca	·		PH 12: 27	E, FLE
Yaremy Camba		407 241 9613 at ()		27	ATE A
Name of I	Person		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 Fe Certificate of St Certified Copy (additional copy is	atus &	

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 Bridge Health Care LLC			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) Dany)	
The Articles of Organization for this Limited 1	Liability Company were filed o	on April 27 2016	and assigned
Florida document number L16000082933	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	A POS
			22名
			112
Enter new mailing address, if applicable:			T MOR
Mailing address MAY BE A POST OFFICE	<u></u>		<u>25 1.05</u>
			2. 5
B. If amending the registered agent and registered agent and/or the new registered of	-	ss on our records, <u>enter th</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	2623 KINNON DR		
	Ento	er Florida street address	
	ORLANDO	, Florida ³²⁸¹	7
	City		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>	Address	Type of Action
MGR	YAREMY CAMBA		□ Add
			□ Remove
		2623 KINNON DR ORLANDO FL	■ Change
			Add
			□ Remove
			Change SEC
			Add 12 Remove 7 1 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1
			FLOSIOA NIZiange
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change

AND THE REGISTERED AGENT ADDRESS NUMBER WAS TRANSPOSED	
THE CORRECT ADDRESS IS: 2623 KINNON DR ORLANDO FLORIDA 3281	.7
	JAN 12
	PH 12:
	27
ve date, if other than the date of filing:	(optional)
ective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 If the date inserted in this block does not meet the applicable statutory filing require	
ent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at	: 12:01 a.m. on the earlie
90th day after the record is filed.	
12/15/2016	
12/15/2616,	

Page 3 of 3

Filing Fee: \$25.00

