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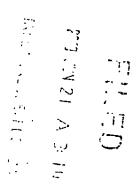
(R	equestor's Name)	
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D SCOTT
JUL 2 2019

COVER LETTER

то:	Registration Sec Division of Corp			•	
		amily Farm, LLC			
SUBJE	(J1:	Name of Lim	ited Liability Company	 	
The ene	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	cturn all correspo	ndence concerning this matter	to the following:	1.7 1.7 1.7 1.7	
		Martin S. Goodwin			
			Name of Person		
		Goodwin Family Farm, LI		· · · · · · · · · · · · · · · · · · ·	
			Firm/Company	 ; -::	<u>.</u>
		14205 SE 70th Avenue			<u></u>
			Address		
		Summerfield, FL 34491			
		martin@ganii.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report noti	fication)	
For furt	her information co	oncerning this matter, please e	all:		
Martin	S. Goodwin		407 761-8764 at()		
	Name o	l Person	Area Code Daytim	e Telephone Number	
Enclose	d is a check for th	ne 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goodwin Family Farm, LLC	Campan as it was appears an one race	eds)		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco- imited Liability Company)	<u>(us.</u>)		
The Articles of Organization for this Limited Liability Corforda document number 1.16000203595	mpany were filed on Novermber 4, 2	016	_ and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
Rainy Days Holdings, LLC			_	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LI	.C" or the abbre	viation "L.L.	.c."
Enter new principal offices address, if applicable:				. ì
Principal office address MUST BE A STREET ADDRE	ESS)		.2	1
		,		. i
			12	1
Inter new mailing address, if applicable:		ſ	لن مب	
Mailing address MAY BE A POST OFFICE BOX)			.	
			-	
			-	
 If amending the registered agent and/or registered agent and/or the new registered office addre 		ds, <u>enter th</u>	e name o	f the r
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addr	ress		
	.1	Florida		
	City		Zıp Code	1.4

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00