

L1700004642

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAR 13 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rainier Investment Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Pejman G Khah

\_\_\_\_\_  
Name of Person

Rainier Investment Group, LLC

\_\_\_\_\_  
Firm/Company

23661 Silver Date Loop Apt. 303

\_\_\_\_\_  
Address

Land O Lakes, FL 34639

\_\_\_\_\_  
City/State and Zip Code

PGK16@yahoo.com

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

For further information concerning this matter, please call:

Farzan Fattahi

206 650-3321  
at ( )

\_\_\_\_\_  
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**

Rainier Investment Group, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 1/5/2017 and assigned  
Florida document number L17000004642.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

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:**

(Principal office address MUST BE A STREET ADDRESS)

NA

NA

NA

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

NA

NA

NA

**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:

Farzan Fattahi

New Registered Office Address:

2713 Calvano Dr

*Enter Florida street address*

Land O Lakes

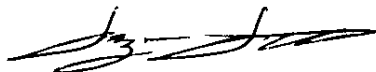
Florida 34639

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Farzan Fattahi	2713 Calvano DR	<input checked="" type="checkbox"/> Add
		Land O Lakes, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pejman G Khah		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Pejman Ghahremani Khah	<input checked="" type="checkbox"/> Change
NA	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA		<input type="checkbox"/> Add
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NA	NA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please note, the purpose of this document is to make the following changes:

1) Please add Farzan Fattahi as a manager & 50% Owner.

2) Please update Pejman G Khah to Pejman Ghahremani Khah. As listed in the previous page, "G" is currently listed as if it is a middle name. But this is a compounded last name and it needs to appear as " Pejman Ghahremani Khah " .

3) Pejman Ghahremani Khah is also a manager & 50% Owner

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: NA (optional)**

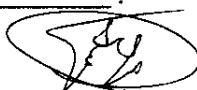
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 March 8, 2017



Signature of a member or authorized representative of a member

Pejman Ghahremani Khah

Typed or printed name of signee