LIBCO II OLO TO

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(Document Number)
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COVER LETTER

TO:

	Registration S Division of Co					
er in His		RAINBOW INVESTMENT LL	С			
SUBJEC	.1:	Name of Lin	nited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		YADER A NANEZ PEN	ALOZA			
			Name of Person			
AMBAR RAINBOW INVESTMENT LLC						
Firm/Company						
8693 NW 66TH ST					100 m	
		-	Address		E ANG	T]
		MIAMI / FLORIDA 3316	6		21 ئۇنى	
			City/State and Zip Code		E, FLORIDA 2	
		yadernanez@gmail.com	to be used for future annual report notific:		0:1	
For furth	er information (concerning this matter, please c			\$ 1 b	
YADER	A NANEZ PE	NALOZA	407 9172939			
	Name (of Person	at ()	elephone Number		
Enclosed	is a check for t	he following amount:				
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Regist Divisio	ANG ADDRESS: ration Section on of Corporations lox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building			

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMBAR RAINBOW INVESTMENT 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	ty Company v	vere filed on]	TALLAHAS:	SEE CAPITA	L and assigned
Florida document number L18000110676	,				
This amendment is submitted to amend the following	<u>g</u> :				
A. If amending name, enter the new name of the l	limited liabil	ity company l	<u>here</u> :		
The new name must be distinguishable and contain the words "I	Limited Liabilit	y Company," the	designation "	LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re- registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	egistered off		on our rec	ords. enters	the name of the new
New Registered Office Address.		Enter Fl	lorida street aa	ldress	
		City		. Florida	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete p d agent as pr tered office a	erformance o rovided for in	of my duties Chapter 6	s, and Lam fo 05, F.S. Or,	imiliar with and if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	WINSTON S GONZALEZ	8693 NW 66TH ST	
			☐ Remove
			Change
	<u> </u>		
			☐ Remove
			☐ Change
			Removed
			Removed Removed
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		ALLANASSEE, FLORIDA	
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tive date, if other than the date of filing:	(optio	nal)	
If the date inserted in this block does not meet the applicable statutory fili	more man 90 days after in ng requirements, this	date will no	ancio 603.02 ot be listed
ment's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective	time, at 12:01 a.	m. on th	e earlier
e 90th day after the record is filed.			
. 25 JULY 2018			
1			

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Typed or printed name of signee

Filing Fee: \$25.00