LECCIPION

Office Use Only



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Inlinting -

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: December 5, 2018 ORDER TIME : 12:49 PM ORDER NO. : 514997-005 CUSTOMER NO: 5840A DOMESTIC AMENDMENT FILING NAME: 21 W CAMBRIA ROAD, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2018

CSC

SUBJECT: RAINBOW CREATIONS APPAREL, LLC

Ref. Number: L18000120074

We have received your document for RAINBOW CREATIONS APPAREL, LLC³³ and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document number and name listed on application doesn't match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00025031

COVER LETTER

TO: Registration : Division of C			
	MBRIA ROAD, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	STEVEN I. GREENWAL	ूं रूग	
	i	Name of Person	: :
	LAW OFFICES OF STEV	/EN I. GREENWALD, P.A.	· · ·
		Firm/Company	
	6971 N. FEDERAL HIGH	IWAY, SUITE 105	ඩ . ඩ
		Address	F53
	BOCA RATON, FL 3348	7	ූා
	SIGREENWALDLAW@A	City/State and Zip Code	
	E-mail address. (to be used for future annual report noti	licution)
For further information	concerning this matter, please c	all:	
Susan Margolies		561 994-5560 x	104
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & : 1 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)
	1		
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 W CAMBRIA ROAD, LLC		
(Name of the Limited Link (A Plor	illty Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 10/10/2018	and assigned
This amendment is submitted to amend the following:	 -	
A. If amending name, enter the new name of the li	mited liability company here:	· 23
5726 NW 24th TERRACE, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADI	ORESS)	<u> </u>
		<u> </u>
		37
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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 = M AMBR = A	Isnager authorized Member		
Title	Name	Address	Type of Action
	••		☐ Remove
	13		Change
			☐ Add
			· □ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			D SABA
			☐ R∄move
			□ Change
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1000	ve date, if other than the date of filing: ctive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.	207 (3 as th
the recor) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of:
Dated	Signature of a member or authorized representative of a member	
	JASON SORKIN Typed or printed name of signee	

Page 3 of 3

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Filing Fee: \$25.00