## L19000 044 339

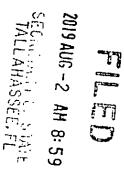
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:		TECHNOLOGY LLC		
30000000		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Gregorio Herrera		
			Name of Person	
		1025 CW 04 A	Firm/Company	<del></del>
		4025 SW 96 Ave		
		Miami, FL. 33165	Address	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For further is	nformation co	oncerning this matter, please ca	all:	
Gregorio He	еггега		786 472-1933	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos <b>et</b> l is a	a check for th	ne following amount:		
\$25.00 H	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

RAINBOW TECHNOLOGY LLC			
(Name of the Limited Lie (A Flo	ability Compa orida Limited	ny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liabili Florida document number L19000044339	and assigned		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
The new name must be distinguishable and contain the words '	"Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b>:</b>	4025 SW 96 Ave.	
Principal office address MUST BE A STREET AL	D <u>DRESS)</u>	Miami, Fl. 33165	s 2
			2019. SEC:
Enter new mailing address, if applicable:		4025 SW 96 Ave.	AUG -2
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Fl. 33165	
B. If amending the registered agent and/or r			s, enter the name of the no
registered agent and/or the new registered office	aduress ner	<u>e</u> :	
Name of New Registered Agent:			
New Registered Office Address: 40	)25 SW 96 A	ve	
		Enter Florida street addres.	S
М	liami	171.	outd. 33165

## 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.

City

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>.</u>			D Add
		<del>.</del>	Remove
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ective date, if other than the seffective date is listed, the date materials and the seffective date on the secument's effective date on the secument.	lock does not meet the applica	o date of filing or more than 90 ble statutory filing requirem	(optional) days after filing.) Pursuant to 605.020 ents, this date will not be listed a
record specifies a delaye he 90th day after the re	ed effective date, but not cord is filed.	an effective time, at	.2:01 a.m. on the earlier o
July 26	2019		
	$\cap Z$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00