119000112552

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COVER LETTER

TO:	Registration Se Division of Cor			N.			
SUBJE		tar Farms LLC					
	<u> </u>	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Rick Fabiani					
			Name of Person				
		Fabiani Law PA					
			Firm/Company				
		204 West University Aven	nue Suite 5				
			Address				
		32601					
		rfabiani@fabianilaw.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	ication)			
For furt	her information co	oncerning this matter, please co	all:				
Rick Fa			352 505-5451				
	Name o	f Person	at () Area Code Daytime	: 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)			

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 Star Farms LLC		
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L19000112552	ity Company were filed on 4/25/19	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Rainbow Star Farm LLC		
The new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	egistered office address on our records, enter	the name of the new
	t.nter Florida street address	
-	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	·	Lip code
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	nd complete performance of my duties, and I am fo d agent as provided for in Chapter 605, F.S. Or. tered office address, I hereby confirm that the lim	amiliar 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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Remove			
			□ Change			
			Add			
			Remove			
			Change			
			Add			
			Remove			
			Change			
			100 AU 11			
			11 Remove			
			3 Changu			
			☐ Add			
			Change			
			Remove			

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

E. Effective date, if other than to (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as
f the record specifies a delay b) The 90th day after the r	yed effective date, but not an effective time, at $12:01$ a.m. on the earlier of secord is filed.
Dated	2019
	Signature of a member or authorized representative of a member
Richard H. Fabiani II	
	Typed or printed name of signee

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Filing Fee: \$25.00