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(Re	questor's Name)	
	dress)	
(Au	alessj	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corpor			
SUBJECT: Ray	n CBD LLC		
	Name of Limit	red Liability Company	
The enclosed Articles of Art	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Rocy	FIOLEN FIN	
	Raid	Firm/Company	
	SI NE	143, d St Address	
-	Fiore a	City/State and Zip Code This, 450 gma, 1 The used for future annual report notific	· CO Mation)
For further information conc	erning this matter, please cal	H:	
Rory Fiore Name of Pe	Λ+ , Λί rson	at (786) 318 - Area Code Daytime 3	877 G
Enclosed is a check for the fo	ollowing 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 37/2
- Rain CBD LL	2318 CT 25 FH 4:21
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on \(\cup \cup \cup \cup \cup \cup \cup \cup
Florida document number <u>L19000197253</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
Rain Solutions LLC The new name must be distinguishable and contain the words "Limited Liab	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.E.C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

Zip Code

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
<u>_</u>			Add
			□ Remove
			☐ Change
			Remove
			Change
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lf an effec <u>Note:</u> I	re date, if other than the date of filing: 9 20 20 19 (optional) 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	i.020 ed a
ne reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er o
Dated	9/20/2019	
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Filing Fee: \$25.00