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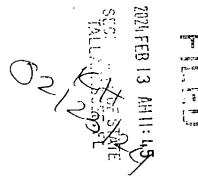
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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		ech Fantasix, L.L.C.		
SUBJEX.	'	Name of Lim	ited Liability Company	
	tu <b>co</b> all <b>cor</b> respo	Amendment and fee(s) are sub		
Large ;	ANII: 4	Miguel A. López		
4	<u>e</u>		Name of Person	<del></del>
	SEC.	2304 Overlook R.	Firm/Company	
		2304 OVEROOK R.	Address	
		Augusta, Georgia 30906		
			City/State and Zip Code	
		lopez4264(a) bellsouth net		
			to be used for future annual report no	tification)
For further	er information c	oncerning this matter, please c	all:	
Miguel A	A. López		706 231-2906 at ( )	
	Name o	T Person		me Telephone Number
Enclosed	is a check for t	he following amount:		
<b>■</b> \$25.6	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration S	ection
	Division of C		Division of Co	orporations
	P.O. Box 632	27	The Centre of	
•	Tallahassee	FL 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rainbow Tech Fantasix, L.L.C. (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 Company were filed on December 26, 2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Miguel A. López	2304 Ovelook Rd.	
		Augusta, GA 30906	
			<b>∑</b> Change
			□Add
			□ Remove
			Change
			□ Add
			□ Change □ Addt □ To □ Remove
			□Change
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			Remove
			□ Change

pcz).
f filing: (optional)
iffic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 s not meet the applicable statutory filing requirements, this date will not be listed.
ent of State's records
out not an effective time, at 42:01 a.m. on the earlier of: (b). The 90th day after
2024