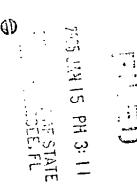


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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer |
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COVER LETTER

| TO: | Registration Se Division of Co | | | *** |
|----------|-----------------------------------|--|---|---|
| | | l person - update Rainwood Ent | erprise LLC | |
| SUBJE | .C1: | Name of Limi | ted Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please 1 | return all correspo | ondence concerning this matter | to the following: | |
| | | Susan Ferrucci | | |
| | | | Name of Person | |
| | | Rainwood Enterprise LLc | | |
| | | ************************************** | Firm/Company | |
| | | 9612 Rainwood Court | | |
| | | | Address | |
| | | Fort Pierce, Florida 34945 | | |
| | | | City/State and Zip Code | |
| | | rs9612@yahoo.com | | |
| | | E-mail address: () | to be used for future annual report notific | ation) |
| For fur | ther information | concerning this matter, please ca | all: | |
| Susan | Ге гтиссі | | 321 626-6881 | Celephone Number |
| | Name (| of Person | Area Code Daytime | elephone Number |
| Enclose | ed is a check for t | the following amount: | | <u>.</u> |
| □ \$2. | 5.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified Copy (additional copy is an elosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Rainwood Enterprise LLC | | |
|---|--|---|
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears of la Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability | Company were filed on 12.18 | 24 and assigned |
| Florida document number 124000522942 | <u></u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here | |
| na | | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| Principal office address MUST BE A STREET ADD | RESS) | |
| | па | <u> </u> |
| | | ت. رح دم |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | Ho w |
| | | FLAT :- |
| | | (T) |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | rds, enter the name of the new registere |
| Name of New Registered Agent: Na | | |
| New Registered Office Address: | | |
| | Enter Florida | street address |
| | | , Florida |
| | 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 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 |
|--------------|----------------|---------------------------------------|----------------|
| mgr | Susan Ferrucci | 9612 Rainwood Ct Fort Pierce FL 34945 | = Add |
| | | | □Remove |
| | | | |
| <u></u> | | | |
| | | | □ Remove |
| | | | □Change |
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| | | ry 9 |
| Signature of a member or authorized representative of a member | | |
| Signature of a member or authorized representative of a member | | Lucia J |
| | epresentative of a member | Signature |
| Susan Ferrucci | | Parriesi |

Filing Fee: \$25.00