Division of Corporations Electronic Filing Cover Sheet

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(((H190001136163)))



H190001136163ABC

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Division of Corporations

Fax Number

: (850)617-6380

From:

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Phone : (323)962-8600 Fax Number : (323)962-3889

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN BEYOND THE RAINBOW ACADEMY INC.

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: BEYOND THE RAI	NBOW ACADEMY INC	<u>.</u>		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Cheye	nne Moseley			
	(Name of Contact Person	)		
Legatz	oom.com, Inc.			
	(Firm/ Company)			
101 N. Bran	nd Blvd., 11th Floor			
	(Address)			
Glenda	ale, CA 91203			
- (	City/ State and Zip Code	<u>-</u> )		
iryna911@ootmail.com				
E-mail address: (to be used	for future annual report r	notification)		
For further information concerning this matter, please of	call:			
Cheyenne Moseley	800 az (	773-0888 ext. 9724		
(Name of Contact Person)		de & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of State:		
S35 Filing Fcc S43.75 Filing Fcc & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			

850-617-6381

4/8/2019 11:11:12 AM PAGE 1/001 Fax Server



April 8, 2019

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

BEYOND THE RAINBOW ACADEMY INC. 8445 HAMMOCKS BLVD., APT. 2207 MIAMI, FL 33193

SUBJECT: BEYOND THE RAINBOW ACADEMY INC.

REF: N19000001358

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

YOU MUST COMPLETE PAGE 2 OF 4, ENTER THE TYPE OF ACTION.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II FAX Aud. #: B19000113616 Letter Number: 219A00006968

RECEIVED

2019 HAY -2 PH 12: 27

Articles of Amendment to Articles of Incorporation

BEYOND THE RAINBOW ACADEMY INC.	of	
(Name of Corporation as currently filed with the Florida	a Dept. of State)	
N19000001358	<del></del>	
(Document Number of Corpo	ration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, thamendment(s) to its Articles of Incorporation:	nis Florida Not'For Profit Corporation adopts the fe	ollowing
A. If amending name, enter the new name of the corporation:		
	:	The new
name must be distinguishable and contain the word "corporation" Company" or "Co." may not be used in the nume.	" or "incorporated" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<del></del> -		70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5 -
(maining duares) (min bl. mides) Grine, bein		
		12
		1. T. T.
D. If amending the registered agent and/or registered office as	ddress in Florida, enter the name of the	7- i V9
new registered agent and/or the new registered office addr	<u>ess:</u>	. <u>.</u> . <u></u>
Name of New Registered Agent:		
New Registered Office Address:	rido street (uldress)	
	, Florida	
(City)	(Zip Code)	————
New Registered Agent's Signature, if changing Registered Age		
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position:	
N-10		
Signature of New Regi	istered Agent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V:= Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an afficer/director holds more than one title, list the first letter of each office. held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Janes leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	in Doe ke Jone <del>s</del> lly Smith	
Type of Action	Title	Name.	Address
(Check One)	·		
I) Change	D	Dunia Lazo	8445 Hammocks Blvd, Apt. 2207
Add,			Miami, FL 33193
X Remove			
2) Change	D	Jorge J. Sierra	771 153rd St.
X Add	•		Miami, Florida 33193
Remove 3) X Change	D	Iryna Ruiz	8445 Hammocks Blvd. Apt. 2207
Add			Miami, FL 33193
Remove			
4) Change	<b>5</b> '	Belkis Alvarez	8445 Hammocks Blvd. Apt. 2207
X Add			Miami, FL 33193
Remove			
5) Change			
Add			
Remove			
6)Change			<del></del> .
Aḍd			
Remove		Page 2 of 4	

(at	amending or adding trach additional sheet	ts, if necessary)	(Re specific)	j				
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To: Page 7 of 8 5/2/2019 8:39 05 AM PDT 3239628300 From Meghan Smith

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment	(file date)
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of vote was/were sufficient for approval.	s cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	amendment(s) was/wore
Dated 3/25/19	
Signature	
(By the chairman or vice chairman of the board, president of	
have not been selected, by an incorporator - if in the hands other court appointed fiduciary by that fiduciary)	s of a receiver, trustee, or
Iryna Ruiz	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	***************************************