## P05000055518

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Amend Mc Neuro 12-5-08

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: LVR RAIN	BOW INC.
DOCUMENT NUMBER: P050000	55518
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
ANTHONY SANNI (Name of Con	To tact Person)
THE STRAWBERRY (Firm/Co	PATCH
423 BREVARD A	
. (Addr	ess) -
GOA fl. 329	12
(City/ State an	d Zip Code)
For further information concerning this matter, pleas	e call:
DMINICK GRIEST (Name of Contact Person)	at (321) 749.7541 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

F	ILED
DEC .	- 2
ate FEAHASS	AM 10: 40 Y OF STATE EE, FLORIDA

LVR RAINDOW, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000055518

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the co	rporation:	
THE STRAWBERRY PATC	H FIFT STORE	= INC.
The new name must be distinguishable and cor "incorporated" or the abbreviation "Corp.," "Inc.,' "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C: Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		nter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent position.		rept the obligations of the
Cionathu	ro of Now Registered Agent if c	hanaina

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)

<u>Title</u>	Name	Address	Type of Action
PAES.	DOMINICI GRIEGI.	660 IPKING LK DK MEIBOSRNE. FL 31940	Add Remove
		,	Add Remove
<del></del>			Add Remove
GAN VP -	TO PRESIDE	INITO FROM	
			•
provisi	nendment provides for an exchange, re ons for implementing the amendment it not applicable, indicate N/A)		
		1.1	

	The date of each amendment	(s) adoption:	P-08	· .	
٠.	Effective date if applicable:	(	1	\	
		(no more than 90 days after o	imenament file d	iate)	
	Adoption of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/wer by the shareholders was/we		. The number of	f votes cast for the amendment	(s)
		re approved by the shareholder d for each voting group entitle		g groups. The following statem ttely on the amendment(s):	ent
	"The number of voies	cast for the amendment(s) was			
	by <b>////////</b>	. ANTHONY JAN	NTO."	Samont P. DOMINICK P. O.A.	Lie
	"/"/	(voting group)		DOMINICK P. O.A	105
	The amendment(s) was/wer action was not required.	re adopted by the board of dire	ctors without sh	areholder action and sharehold	er
	The amendment(s) was/wer action was not required.	re adopted by the incorporator	s without shareh	older action and shareholder	
	Dated	, <u>-</u>	75 1 1 Marie		
	Signature				
	(By selec	a director, president or other octed, by an incorporator – if in ointed fiduciary by that fiducia	the hands of a r	ors or officers have not been receiver, trustee, or other court	
		(Typed or printed	name of person	signing)	
		President			
		(Title of pe	rson signing)		