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C. GOLDEN FEB 1 6 2019

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Rain	bows on the Green, Inc.
DOCUMENT NUMBER: P1400	
The enclosed Articles of Amendment and f	ce are submitted for filing
Please return all correspondence concerning	this matter to the following:
·	Name of Contact Person
	Firm/ Company  9850 8 00 T Bisco distant Ar
	9850 Enst Broadway Ar Address
	TAMOR F1. 33619 City/ State and Zip Code
E-mail address	City/ State and Zip Code  GOODEN 1 1 1 (0 4 17) 2 1
For further information concerning this ma	ter, please cali:
SAMUE / EOA Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt made psyable to the Florida Department of State:
\$35 Filing Fee	
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

Tallabassee, FL 32301

## Articles of Amendment Articles of Incorporation of

į	Articles of Amendment to Articles of Incorporation	FILED
Rainbox (Name of	of  (5 On the Green Inc.  Corporation as currently filed with the Florida Dept. of	2019 FEB 1 1 AM 9-20
P1:	1000091818	A Au- of This
its Articles of Incorporation:	(Document Number of Corporation (if known)  06, Florida Statutes, this Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name	e of the curporation:	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	n the word "corporation," "company," or "incorporate ion "Corp." "Inc." or "Co". A professional corporation	The new d" or the abbreviation name must contain the
B. Enter new principal office address, if (Principal office address MUST BE A ST.	applicable: DEET ADDRESS)	
C. Enter new mailing address, if applic (Malling address MAY BE A POST O	ible: FFICE BOX)	
D. If amending the registered agent and new registered agent and/or the new	or registered office address in Florida, enter the name or registered office address:	the
Name of New Registered Agent		
	(Florida street address)	<u> </u>
New Registered Office Address:	(City)	rida(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am familiar with and accept the obligations of	the position.
	Signature of New Registered Agent, if changing	;

		Dinesia	anter the title and same of each officer/d	irector being removed and title, name, and
Address of each Officer (Attach additional sheets Please note the officer/dip = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or I  if necessivector tit  Presiden  ⇒ Chief  er, Direct  I in the fo  aves the (	Director to sary) le by the fit; T= Tre Financial for would billowing memoration	eing addets: irst letter of the office title: asurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more th be PTD. conner. Currently John Doe is listed as the P n, Sally Smith is named the V and S. These sl	irector being removed and title, name, and ustee; $C = Chairman or Clerk$ ; $CEO = Chief$ an one title, list the first letter of each office  ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John D	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally S	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change Add	_У	<u></u>	Samuel D. Bohannon	9850 E. Broadway Ave   Tampa, FL 33619
Remove				
2) Change			N/A	
Add Remove 3) Change Add			NIA	
Remove 4) Change Add			NIA	
Remove 5) Change Add		<del>-</del>	N/A	
Remove  Change  Add  Remove		<del></del>	N/A	

Page 2 of 4

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<del></del>
<del></del>	7
\	
n amendment provides for an exclus	ange, reciassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>
7	

The date of each amendment(s) adoption	, if other than the
late this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block dedocument's effective date on the Departme	ces not meet the applicable statutory filing requirements, this date will not be listed as the at of State's records:
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted b by the shareholders was/were sufficien	the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement sting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendrnent(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were adopted b action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder
Dated	2-19
Signature Al Li	is Bi Banana
selected, by a	president or other officer – if directors or officers have not been a incorporator – if in the hands of a receiver, trustee, or other court court by that fiduciary)
	Alice R BUHANNON (Typed or printed name of person signing)
	President/Director
<del></del>	With Mensy Lellen AKGO HT.
	Alledans Telleria Melonia
	Adary Mayer Hayer
	Page 4 of 4 "Official Secur-
	Khayiha Mikkonsee Harred State Of Alaska

Commission # 180604009 Exp: 83/04/2022