## P20 0000 27235

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11/10/20

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	)N:	THE RAINBOX, INC.			
DOCUMENT NUMBER:	P200000	27235			
The enclosed Articles of Am	endment and fee are su	bmitted for filing.			
Please return all corresponde	ence concerning this ma	tter to the following:			
		ELIEZER DURAN			
		Name of Contact Person	1		
	DUR	AN GROUP & ASSOCIATES, P.A.			
		Firm/ Company			
	ITE 355				
Address					
	HALLANDALE BEACH, FL 33009				
City/ State and Zip Code					
	IN	FO@DURANGROUPPA.	COM		
. <del></del> - <u>-</u> -		sed for future annual report			
For further information cone ELIEZER	erning this matter, pleas	se call: 786	5- <sub>\</sub> 277-9634		
Name of Con	tact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the f	ollowing amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & 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		Street Address Amendment Section			
P.O. Box (	· ·	Division of Corporations The Centre of Tallahassee			
Tallahasse	e FL 32314		2435 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2020 OCT -2 PM 4: 06

THE RAINBOX, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) P20000027235 (Document Number of Corporation (it 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 corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 450 LAKEWOOD CIRCLE EAST, UNIT F B. Enter new principal office address, if applicable: (Principal office address <u>MUST\_BE A STREET ADDRESS</u>) MARGATE, FL 33063 C. Enter new mailing address, if applicable: SAME (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 officer/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 Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	T	CATALINA МЕЛА GIRALDO	5546 LAKEWOOD CIR S
Add			APT A
X Remove			MARGATE, FL 33063
2) X Change	Τ	STLVTA S <del>ivia</del> J. Moreno vargas	540 LAKEWOOD CIR EAST
Add			APT F
Remove			MARGATE, FL 33063
3) X Change	VP	LINA M. CASTRO RODRIGUEZ	540 LAKEWOOD CIR EAST
Add			APT F
Remove			MARGATE, FL 33063
4) X Change	P	DIANA K ARREDONDO	540 LAKEWOOD CIR, APT F
Add			MARGATE, FL 33063
Remove			
5) Change			
Add			
Remove			- Pr Pt
6) Change			
Add			
Remove			

	lditional sheets.	, if necessary).	icles, enter char (Be specific)				
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<u>f an ame</u>	ndment provi	des for an exc.	hange, reclassifi	lcation, or cancel contained in the	<u>llation of issued :</u>	shares, c	
(if no	ot applicable, i	ndicate N/A)	Maniche II noce	wheamed in the	amenoment riser	<u>L.</u>	
		<u> </u>					
	· ·				<u> </u>		

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not document's effective date on the Department of		g requirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
■ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		ast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amer	ndment(s) was/were sufficient for app	oroval
by(vot		·.
(vot	ing group)	
JULY 17, 2020 Dated		
Signature <u>Diano</u> K	Arredondo	
(By a director, presi selected, by an inco appointed fiduciary	dent or other officer – if directors or or or or or if in the hands of a receive by that fiduciary)	officers have not been er, trustee, or other court
	DIANA KATHERINE ARR	EDONDO
	Typed or printed name of person sig	ning)
	PRESIDENT	
	Title of person signing)	