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(Requestor's Name)		
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF

J. BRYAN

MAR 31 2009

EXAMINER

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Platinu	um Natural USA LLC	
502201		f Limited Liability Company	
The enclose	ed Articles of Amendment and fee(s) a	re submitted for filing.	
Please retui	n all correspondence concerning this r	matter to the following:	
		Gustavo Dib	
		Name of Person	
		Platinum Natural USA LLC	
		Firm/Company	£ ≤ 5
	1Ω	35 NE Miami Gardens Dr. #134	10 MAR 30 PM 1: 29 SECRETARY OF STATE SECRETARY OF STATE
		Address	弱 8 下
			SEE P.
		North Miami Beach, Fl. 33179 City/State and Zip Code	75
		·	29 RAIT RAIT
	E-mail add	gdib@platinumpetfood.com ress: (to be used for future annual report notification)	D
For further	information concerning this matter, pl	case call:	
	Gustavo Dib	at (_305) 968-7767	
	Name of Person	Area Code & Daytime Telephone Number	r
Enclosed is	a check for the following amount:		
\$25.00	Siling Fee \$30.00 Filing Fee & Certificate of Sta	tus Certified Copy Certification (additional copy is enclosed) Certified Copy	ate of Status &
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited Included a Logo Control of	Liability Comp. A Florida Limited Liability Company		rs on our records.)	R 30 PH OF ASSIGNED AND AND AND AND AND AND AND AND AND AN
This amendment is submitted to amend the fol	lowing:			· **
A. If amending name, enter the new name of	of the limited lia	bility company her	<u>re</u> :	
	N/A	A		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A		······································	
New Registered Office Address:	N/A	F7		-
		En	ter Florida street ad	aress
			, Florida	
		City		7in 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Sales Performen	BODENHEIM ER Germany	
MGRM	Pro Developmen	23 55411 Binger	r Graben
			Add Remove
			Add Remove
**************************************			Add Remove
			AddRemove
D. If an	nending any other informat	ion, enter change(s) here: (Attach addit	FILED 10 MAR 30 PM I SECRETARY OF S ALLIAHASSEB. FL
Dated	,	-,2010 -guSDis	FATE PRIO
	Sigī	ature of a member of authorized representat Gustavo Dib	ive of a member
		Typed or printed name of signee	<u>, , , , , , , , , , , , , , , , , , , </u>

Page 2 of 2

Filing Fee: \$25.00