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LLC AMND/RESTATE/CORRECT OR N./MG RESIGN PLATINUM POINT PROPERTIES, LLC

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COVER LETTER

TO: Registration Se Division of Cor			
PLATINUS	M POINT PROPERTIES, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
			. بيت
			Appendix
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter t	o the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	- The state of the
	Glendale, CA 91203		
	manuscript of 112 5 vills of 2 mag and 2 mag a	City/State and Zip Code	
	kenwiess@gmail.com		
	E-mail address: (o be used for future annual repor	t no Liteation)
For further information of	concerning this matter, please ca	all:	
Cheyenne Moseley		800 773-088	38
Name o	of Person	Area Code Di	nytice Telephone Number
Enclosed is a check for t	ha fallowing amount		
	S30.00 Filing Fee &	■ \$55.00 Filing Fee &	= □ \$60.00 Filing Fee,
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P.O. B	on of Corporations 3ox 6327	Clifton Buildi	ing
Tallah	assee, FL 32314	2661 Executiv	ve Center Circle

2661 Executive Center Circle Tallahassee, FL 72301

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company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PLATINUM POINT PROPERTIES, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appear on our records.) buily Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000155568</u>	ete filed on <u>04/05/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company hele:	
Fresh Solutions LLC	٠(١	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
•	1.)	
Enter new mailing address, if applicable:	<u>,</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>,</u>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on _G ur records, <u>ent</u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5 PH
	, Florida	Zap Codes
New Registered Agent's Signature, if changing Registered Agent:		80
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this expacity. I further erformance of xy dutics, and I a	agree to comply with the m familiar with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in C apter 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

		•	•
$ MGR = N \\ AMBR = A $	lanager Authorized Member	.:	
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Change
			D Add
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			□ Change
			□ Add
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D. If amending any	other information, en	ter change(s) here: (Attach add	litional sheets, if necessary.)	
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(If an effective date is Note: If the date		ific and carnot be prior to date of filing of some statutory fi		
	ifies a delayed effect after the record is i	tive date, but not an effectiv filed.	e time, at 12:01 a.m. on the	e earlier of:
Dated 5/4	1/3099	. A DA		
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K	Summy Signatur	re of a member or auditifived representa	tive of a member	

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Filing Fee: \$25.00