

L0910000073414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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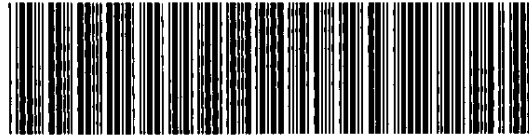
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Marketing & Auction Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trayor Lesnock

Name of Person

Advanced Marketing & Auction Solutions, LLC

Firm/Company

444 Hendricks Isle, Ste. 203

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

trayor@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trayor Lesnock

Name of Person

at (954)

554-6933

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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

Advanced Marketing & Auction Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 30th, 2009 and assigned
Florida document number L09000073414

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PLATINUM VENTURE HOLDINGS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

444 Hendricks Isle, Ste. 203

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

444 Hendricks Isle, Ste. 203

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Trayor Lesnock

New Registered Office Address:

444 Hendricks Isle, Ste. 203

Enter Florida street address

Fort Lauderdale

Florida

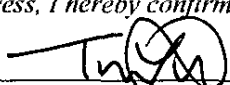
33301

City

Zip 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

Title	Name	Address	Type of Action
MGRM	Brent McAuliffe	631 Eagle Pointe Drive Canonsburg, PA 15317	☐ Add ☒ Remove
MGR	Brandon Lofton	630 Ramon St Mandeville, LA 70448	☐ Add ☒ Remove
MGRM	Trayor Lesnock *currently is MGR	444 Hendricks Isle, Ste. 203 Fort Lauderdale, FL 33301	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Signature of a member or authorized representative of a member

Trayor Lesnock, MGRM

Typed or printed name of signee