#1/000096599

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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EXAMINER JAN 1 1 2011

COVER LETTER

| | Diatious | Cianatura II.C | | |
|---------------------------|--|---|---------------------------------------|--|
| SUBJECT: | | Signature, LLC ted Liability Company | | |
| The enclosed Articles of | `Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | | lgar Krylav | | |
| | | Name of Person | | |
| | Pla | atinum Signature, LL0 | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
| | | 36 Sportsman Way | | |
| | | Address | | |
| | Ro | otonda West, FL 3394 | 7 | |
| | | City/State and Zip Code | | |
| | igo | orkrylov@hotmail.com to be used for future annual rep | <u> </u> | |
| | | | ort notification | 1) |
| For further information | concerning this matter, please c | all: | | |
| | lgor Krylov | at (_416)_ | 723 | -8913 |
| Name | of Person | Area Code & | Daytime Tele | phone 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 e | nclosed) | \$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

11 JAN 10 PM 4: 15
SECRETARY OF STATE
TALLARASSES, FLORIDA

ds.)

| Platinum Sig | nature, LLC | TALL | ARAGOSTE, FLORIDA | |
|--|---|-----------------------------|-------------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appear Liability Company) | rs on our records.) | - INLUMIDA | |
| The Articles of Organization for this Limited Liability Company Florida document numberL10000096599 | were filed on | 09/15/2010 | and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company her | <u>.ē</u> : | | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Compa | any," the designation "L | LC" or the abbreviation | |
| Enter new principal offices address, if applicable: | Ave. Unit #102, Na | aples, FL 34102_ | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Ave. Unit #102, Na | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. | | our records, <u>enter t</u> | he name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | En | nter Florida street add | ress | |
| | , Florida | | | |
| | 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:

HGR = Manager

MGRM = Managing Member **Type of Action Title Name** Address MGRM Igor Krylov 36 Sportsman Way, Rotonda West, FL Add Marina Krylova MGRM 36 Sportsman Way, Rotonda West, FL Add Remove MGRM Patricia K. Pitocchi 188 Muirfield Circle, Naples, FL 34113 Add MGR Patricia K. Pitocchi 188 Muirfield Circle, Naples, FL 34113 V Add ____Add ______Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article V to read as follows: "The Company shall be managed by a Manager in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company. This Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization." Dated _____ January, 5 2011 Signature of a member or authorized representative of a member Igor Krylov Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00