

Lo9000073414 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

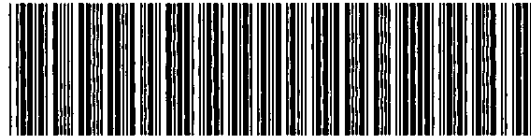
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500241889765

11/19/12--01012--015 **25.00

FILED
12 NOV 19 PM 5:06
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 20 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Platinum Venture Holdings 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

Platinum Venture Holdings LLC

Firm/Company

201 S Biscayne Blvd, 28th Floor

Address

Miami, FL 33131

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 **(305) 744 5220**

Area Code & Daytime Telephone Number

FILED
12 NOV 19 PM 5:06
TALLAHASSEE, FLORIDA

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**

Platinum Venture Holdings 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 7/30/2009 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:~~

~~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:

(Principal office address MUST BE A STREET ADDRESS)

801 Brickell Avenue

Ste. 900

Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 S Biscayne Blvd

28th Floor

Miami, FL 33131

FILED
12 NOV 19 PM 5:06
TALLAHASSEE, FLORIDA

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: N/A (Trayor Lesnock remains as Reg. Agent)

New Registered Office Address: 201 S Biscayne Blvd, 28th Floor

Enter Florida street address

Miami, Florida 33131

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.

TR

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Trayor Lesnock	201 S Biscayne Blvd	☒ Add
		28th Floor	☐ Remove
		Miami, FL 33131	

NOTE: Change of address for this existing MGRM only.

			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

ALLAHASSEE FLORIDA
12 NOV 19 PM 5:06

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

~~_____

_____~~

Dated _____ . _____ .

TR

Signature of a member or authorized representative of a member

Trayor Lesnock

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
12 NOV 19 PM 5:06
TALLAHASSEE, FLORIDA