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SECRETARY OF STATE

SEP 14 IES

COVER LETTER

TO: Registration Se Division of Con			
Platform E SUBJECT:	nterprises LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	-	
	Chris Curtis		
		Name of Person	
	Heidner Law Firm, P.C.		
Firm/Company			
500 Fifth Ave. Suite 1810			
		Address	
	New York, NY 10110		
	chris@heidnerlaw.com	City/State and Zip Code	
		to be used for future annual report notifica	NEC SEC
For further information of	oncerning this matter, please ca	all:	ASS SE TI
Chris Curtis		212 302 9867 at ()	SSE T
	f Person		SEP P HASSENDER SIAT
Enclosed is a check for the	-	—	\$ = =
\$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

PLATFORM ENTERPRISES LLC		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L02000008415	were filed on 04/09/2002	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	FINALE AT SAND KEY CONDOMIN	NIUM
(Principal office address MUST BE A STREET ADDRESS)	1590 Gulf Blvd. Apt 603	
	Clearwater, FL 33767	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	つん	
	ב: ריין היין ניין היין	0 [
Name of New Registered Agent:		- 0
New Registered Office Address:	Enter Florida street address	
	, Florida	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 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets,	if necessary	.)
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(If an effec <u>Note:</u> I	e date, if other than the date of filing tive date is listed, the date must be specific and f the date inserted in this block does not n at's effective date on the Department of S	I cannot be prior to date of filing or more than 90 d neet the applicable statutory filing requireme	_ (optional) ays after filing.; ents, this date) Pursuant to 605.0207 (3)() will not be listed as the
	ord specifies a delayed effective d Outh day after the record is filed.	date, but not an effective time, at 1	2:01 a.m. (on the earlier of:
Dated _	eptember 9	, 2015	•	
	Signature of a r	member or authorized representative of a member		
	on behalf of UCE Director	rs S.A.: Director of PERSPE(Typed or printed name of signee	CTIVE ASS	OCIATES_INC.

Page 3 of 3

Filing Fee: \$25.00