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T. CLINE

MAY - 8 2008

EXAMINER

W4-47908

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Platinum Sea 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:	
Mary Jenna Parra (Name offerson)	
Platinum Sea LLC (Firm/Company)	
11217 nw 57 Lane	
Doral, FL 33178 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Enclosed is a check for the following amount: [Ass no Filing Fee [1530 00 Filing Fee & [1555 00 Filing Fee & [1560 00 00 0	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCErtified Copy (additional copy is enclosed) S60.00 Filing Fee SCERTIFIED CERTIFIED CERTIFIED CERTIFIED CERTIFIED COPY (additional copy is enclosed)	age obver

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

Platiour	s bea LLC	
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on 4-25-04 and assigned 208.	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the designation "LLC" or the abbreviati	- ion
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the n</u> fice address here:	<u>ew</u>
Name of New Registered Agent:	ZOOR MAY	
New Registered Office Address:	(Enter Florida street address	A CARECIPATION OF THE PARTY OF
	Doval , Florida 35 78	
Now Designated Agentle Signature if shanging D	ADA J	
New Registered Agent's Signature, if changing R	egistered Agent:	
the provisions of all statutes relative to the praccept the obligations of my position as regis	d agent and agree to act in this capacity. I further agree to comply with roper and complete performance of my duties, and I am familiar with an stered agent as provided for in Chapter 608, F.S. Or, if this document is registered office address. I hereby confirm that the limited liability	ıd

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Makaging Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add Remove Add Remove Add Remove □Add Remove ■Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00