

(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phon	a #1)	
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PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)		
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 2 4 2008

EXAMINER

COVER LETTER

.

TO: . Registration Section Division of Corporations	
SUBJECT: ZERO-TAX PLAT	INUM, LLC
	(Name of Limited Liability Company)
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence cond	perning this matter to the following:
PIERR	E VILME (Name of Person)
	()
ZERO-	TAX PLATINUM, LLC (Firm/Company)
<u>4330 V</u>	V BROWARD BLVD,SUITE H (Address)
PLAN	(City/State and Zip Code)
For further information concerning th	is matter, please call:
PIERRE VILME	at (954) 309-4236
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following	_/
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDR Registration Section	Registration Section
Division of Corpora P.O. Box 6327	ations Division of Corporations Clifton Building
Taliahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZERO-TAX PLATINUM, LLC

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nation "LLC" or the	abbrev	viatio
enter the name	of the	e nev
 		
reet address)		
rida		
(Zip Cod	de)	
:ida		(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	MOISE BLAISE	3140 RIDGE COURT DRIVE SUWANEE, GA 30024	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) EIN 26-1994956			SECRETARY ISION OF O
_			ED STATE SORPORATIONS AM II: 29
Dated <u>MAF</u>	Tax Con Suffice Signature of a men	nber of authorized pepresentative of a member	
	PIERRE VILME	vned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00