Page 1 of 2

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RICARDO MARTINEZ-CID, P.A.

Account Number : 076640001666 Phone : (305) 632-1950

Fax Number : (305)854-9788

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: gil.guadalpi@att.net, cc: theplatinum@hotmail.com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANYNAMEIWANT LIMITED LIABILITY COMPANY

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$60.00

COVER LETTER

TO:		istration Selision of Cor				
SUBJE	·T·	ANYNAMI	eiwant limited liabili	TY COMPANY		
		Name of Limited Liability Company				
The en	closed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please:	return	all correspo.	ndence concerning this matter	to the following:		
		•		Name of Person		
	RICARDO MARTINEZ-CID					
			Firm/Company			
			1699 Coral Way, Suite 510			
		Address Miami, Florida 33145-2860				
			* City/State and Zip Code			
			gil.guadalpi@att.net, ec: the	eplatinum@hotmail.com to be used for future annual report noti	ication)	
For fur	ther in	nformation co	oncerning this matter, please of	•		
RICA	RDO 1	MARTINEZ	-CID	305 632 1950		
		Name of	Person	at (Telephone Number	
Enclose	ed is a	check for th	e following amount:			
□ \$2±	5.00 F	iling 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)	

MAJLING 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

ANYNAMEIWANT LIMITED LIA	BILITY COMPA	NY	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on March 4, 2008 Florida document number 1.080000227126			and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C,"
Enter new principal offices address, if applica		1555 North Treasure Drive	70
(Principal office uddress MUST BE A STREET		Apt #512	C 2
		North Bay Village, Florida 33141	A PR
Enter new mailing address, if applicable:	£	1555 North Treasure Drive	25 A
(Mailing address MAY BE A POST OFFICE BOX)		Apt #512	
B. If amending the registered agent and/or registered agent and/or the new registered off			nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1555 North Treasure Drive, Apt #512		'
		Enter Florida street address	
	North Bay Villa	age, Florid	la 33141 Zip Code
		Cuy	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
G-MGR	DEDE COHEN	Le Grand St Martin, Les Cocotter 5	■ Add
	濂';	Marigot, 97150 Saint Martin	D Remove
		PWI French West Indies	Cl Change
G-MGR	KEVYN MAURICE COHEN	Le Grand St Martin, Les Cocotier 5	B Add
		Marigot, 97150 Saint Martin	☐ Remove
		FWI French West Indies	☐ Change
A-MGR	GIL GUADALPI	1555 North Treasure Drive, Apt #5	■ Add
		North Bay Village, Flortda 33141	□ Remove
			Change
G-MGR	CHRISTEL LOUISE ANDREE CO	Le Grand St Martin, Les Cocorier 5	
		Marigot, 97150 Saint Martin	□ Remove
	.	FWI French West Indies	☐ Change
			[] Add
			☐ Remove
			Change
· 			D Add
	·	4	□ Remove
			☐ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ART) amen	CLE XIII of the Articles of Organization, as previously amended on March 16, 2016, is ded to read, as follows:
	ICLE XIII - Number of Managers. Duties of General Managers of the Assistant Manager and irements Regarding Real Estate Dealings:
an As the Li the jo COH corpo or by	imited Liability Company will be managed by three (3) General Managers ("G-MGR") and sistant Manager ("A-MGR"). The acquisition and the transfer of any interest in real estate by mited Liability Company, other than a lease not exceeding a term of two (2) years, will require int signatures of two (2) General Managers, except that and provided, however, that DEDE EN, while serving as a General Manager will have similar duties to the presidents of Florida rations and is expressly authorized to purchase, lease or transfer any interest in real estate for the Limited Liability Company by his sole signature. The Assistant Manager of the Limited lity Company will be in charge of all day to day affairs of the Limited Liability Company, but
will r	ot be involved in the acquisition and the transfer of any interest in real estate by the Limited
Liabi	lity Company, other than a lease, not exceeding a term of one (1) year,"
_	
	%≥ N
,	
_	
10 T2400, _42.	e date, if other than the date of filing:
(If an effect Note: I	e date, if other than the date of filing: (optional): (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the offsetive date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated_	spril 2016
	Signature of a member or authorized representative of a member
	DEDE COHEN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00