

LD8000081589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

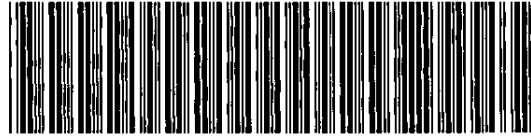
(Business Entity Name)

(Document Number)

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12 OCT - 1 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 2 - 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Platinum Group Financial 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:

Loide Campos

Name of Person

Platinum Group Financial LLC

Firm/Company

3200 N. Hiawassee Road #682629

Address

Orlando, FL 32868

City/State and Zip Code

info@youhouses.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Lopes

Name of Person

at ( 407 )

466-4718

Area Code & Daytime Telephone Number

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 Group Financial, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

12 OCT -1 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/26/08 and assigned  
Florida document number LO8000081589

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)

3200 N. Hiawassee Road #682629

Orlando, FL 32868

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3200 N. Hiawassee Road #682629

Orlando, FL 32868

**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:

New Registered Office Address:

Enter Florida street address

Florida

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.*

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>
MGR	Fernando A Lopes Jr	186 W 80th St, 11C New York, NY 10024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Yasmin Nolasco	186 W 80th St, 11C New York, NY 10024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 OCT - 1 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated September 27, 2012

Loide Campos  
Signature of a member or authorized representative of a member  
Loide Campos  
Typed or printed name of signee