

LO80000099148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

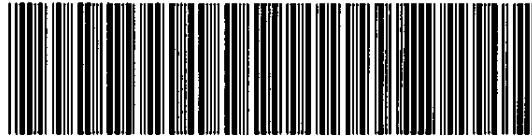
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 15 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AIR PLATINIUM HOLDING, 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:

PATRICK MOYAL

Name of Person

MOYAL ACCOUNTING SERVICES INC

Firm/Company

10796 PINES BLVD SUITE 204

Address

PEMBROKE PINES

City/State and Zip Code

moyalaccounting@gmail.com

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

For further information concerning this matter, please call:

PATRICK MOYAL

Name of Person

at ( 954 ) 430-3930

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**AIR PLATINIUM HOLDING, LLC**

Page 1 of 2

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TALLAHASSEE FLORIDA

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

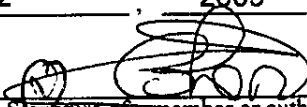
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| MGRM         | NOAH RESTAURANT | 142 RUE DE COURCELLE<br>PARIS 75017 FRANCE             | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | LAETITIA COHEN  | 16426 NE 32 AVENUE<br>NORTH MIAMI BEACH, FL 33160      | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | MICKAEL COHEN   | 4340 NW 145TH STREET SUITE #111<br>OPA LOCKA, FL 33054 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

Dated OCTOBER 12, 2009

  
Signature of a member or authorized representative of a member

LAETITIA COHEN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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