L08000099148

Special Instructions to Filing Officer:

L. SELLERS

OCT 1 5 2009

EXAMINER

Office Use Only



800156008958

+ 10/15/09--01021--026 + **30.00

9 OCT 15 AM 8: 07

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJE	ECT:	AIR PLATIN	IIUM HOLDING, LLC		
50 201		to the state of th	nited Liability Company		
The en	closed Articles	of Amendment and fee(s) are so	ubmitted for filing.		
Please	return all corre	spondence concerning this matte	er to the following:		
		 	PATRICK MOYAL	- 1.100 Else	
			Name of Person		
		MOYAL /	MOYAL ACCOUNTING SERVICES INC		
			Firm/Company		
		1079	10796 PINES BLVD SUITE 204 Address		
			PEMBROKE PINES		
		-	City/State and Zip Code		
		moy	valaccounting@gmail.com (to be used for future annual report no		
E 6	4h ' 6 '-		, , ,	ouncation)	
ror iui	ther informatio	on concerning this matter, please	can:		
		ATRICK MOYAL	at (_954_)	430-3930	
	Nam	ne of Person	Area Code & Day	ime Telephone Number	
Enclos	ed is a check fo	or the following amount:			
\$25	5.00 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)	
	Reg Div P.O	ILING ADDRESS: cistration Section ision of Corporations . Box 6327 lahassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIR PLATINIUM (Name of the Limited Liability Compa			
(Name of the Limited Liability Compa (A Florida Limited I	Ciability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL08000099148	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4340 NW 145TH STREET SUITE #111		
(Principal office address MUST BE A STREET ADDRESS)	OPA LOCKA, FLORIDA 33054		
Enter new mailing address, if applicable:	4340 NW 145TH STREET SUITE #111		
(Mailing address MAY BE A POST OFFICE BOX)	OPA LOCKA, FLORIDA 33054		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:			
	क्षि व न		
New Registered Office Address:	Enter Florida street address 5		
	City Zip Col		
New Registered Agent's Signature, if changing Registered Agent:	O7		

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 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 = M	lanaging Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGRM	NOAH RESTAURANT	142 RUE DE COURCELLE Add PARIS 75017 FRANCE Remove
MGR	LAETITIA COHEN	16426 NE 32 AVENUE Add NORTH MIAMI BEACH,FL 33160 Remove
MGRM	MICKAEL COHEN	4340 NW 145TH STREET SUITE #111 Add OPA LOCKA, FL 33054 Remove
		AddRemove
		Add Remove
	4.44	AddRemove
D. If amend	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>		
		SECRETAL AHA
Dated	OCTOBER 12	2009 ASSET TO AN ON THE PROPERTY OF A MEMBER OF AUTHORIZED REPRESENTATIVE OF A MEMBER OF
	O mariatal C	LAETITIA COHEN
		Typed or printed name of signee

Page 2 of 2