

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(business Endry Name)
(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT. ONCE	E UPON A SWIS	SS DREAM LLC	
Sobject.	Name of Lim	aited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	NATHALIE	YONA	
		Name of Person	
		Firm/Company	
	6436 GOLD	EN DEWDROP TRU	
	LUINDERME	RE, FLOREDA 34	736
		City/State and Zip Code	
		TE & YAHOO, COH to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
NATHALLE	YONA	at ( 321 ) 750	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

ONCE UPON A SWISS F	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
	Ex C
The Articles of Organization for this Limited Liability Company	were filed on OUIZZIZOO9 5 and assigned
Florida document number <u>L0900039094</u> .	
This amendment is submitted to amend the following:	· PH :
A. If amending name, enter the new name of the limited liab	ility company here:
SWISS PLATINUM INTERNA	TIONAL REALTY LLC.
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	G436 GOLDEN DEWDROP TRL
(Principal office address MUST BE A STREET ADDRESS)	WINDERNERE
	FLOREDA 34786
Enter new mailing address, if applicable:	6436 GOLDEN DEWDROPTRE
(Mailing address MAY BE A POST OFFICE BOX)	WINDERNERE
	FLOREDA 34786
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· <del></del>
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 a 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		<u> </u>	☐ Remove
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it an effe Note: I	ve date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Pated _	17th July 2019
	Signature of a member or authorized representative of a member
	NATHALLE YONA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00