L09000055779

,						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
PICK-UP WAII IWAIL						
(Business Entity Name)						
<u>-</u>						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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A. LUNT						
SEP 1 6 2010						
EXAMINER						
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SESRETARY OF STATE ALLAHASSES, FLORIBA

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	SHAWNIE PLAT	SHAWNIE PLATINUM SERVICES LLC			
SUBJECT:		ted Liability Company	_		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	MA	MARK E. ROUSSO, ESQ.			
		Name of Person			
MARK E. ROUSSO, P.A. Firm/Company					
					-
	1000 E. HALL	SECKETAR' FALLAHASS	- =		
Address					
HALLANDALE BEACH, FL 33009					
City/State and Zip Code					<u> </u>
	yol E-mail address: (
For further information	concerning this matter, please of	call:			
Yolanda Katon		**(68-2508		
Name	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	losed)
Regi	ILING ADDRESS: stration Section	STREET/COURIE Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMAILE DI ATIMI IM CEDVICECTI C

(Name of the Limited	Liability Compan	y as it now appears on iability Company)				
The Articles of Organization for this Limited Lia Florida document number L09000055		were filed onJ	une 9, 2009	and assigned		
This amendment is submitted to amend the follo	wing:		50 0	2		
A. If amending name, enter the new name of	the limited liabi	ility company here:	YLL AM	F)		
The new name must be distinguishable and end with "L.L.C."	n the words "Limit	ted Liability Company,"	the designation "I	及 or the abbreviation		
Enter new principal offices address, if applica	ble:	1000 E. Hallanda	ale Beach Blvd			
(Principal office address MUST BE A STREE	T ADDRESS)	Hallandale Beac	h, FL 33009	7		
Enter new mailing address, if applicable:	1000 E. Hallandale Beach Blvd., Suite B					
(Mailing address MAY BE A POST OFFICE I	Hallandale Beach, FL 33009					
B. If amending the registered agent and/or registered agent and/or the new registered of			records, enter t	he name of the new		
Name of New Registered Agent:	MARK E. ROUSSO, ESQ.					
New Registered Office Address:	New Registered Office Address: 1000 E. Hallandale Beach Blvd., Suite B					
	Enter Florida street address					
	Hallandale Beach		, Florida	33009		
		City		Zip Code		
New Pegistered Agent's Signature if changing D	agistanad Agante		,			

New Registered Agent's Signature, it 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 Chaptey 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> **Address Type of Action** MGR MANUEL GROSSKOPF 1000 E, Hallandale Beach Blvd. Suite ₽ 🗸 Add Hallandale Beach, FL 33009 Remove MGR DANIEL NASSAR 3856 Poinciana Avenue □ Add √ Remove Miami, FL 33133 MGRM MERCEDES ROMERO 3856 Poinciana Avenue Add Miami, FL 33133 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 3 2010 Dated _ Signature of a member or authorized representati nber Manuel Grosskopf Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00