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**EXAMINER** 

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DRETARY OF STA LAHASSEE, FLOR

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## **COVER LETTER**

Tð:	Registration So Division of Co						
SUBJECT: Florida Platinum Partners, LLC							
Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please	return all correspondent	ondence concerning this matter	to the following:				
	Lorraine Dascani, Trustee						
	Name of Person						
	Ally & Adam Trust						
	Firm/Company						
	12671 BISCAYNE CT						
	Address						
	NAPLES FL 34105 US						
	City/State and Zip Code						
Sdascani@gmail.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	De	borah Murray	at ( 239 )	425-4900			
Name of Person		Area Code & Daytime Telephone Number					
Enclos	ed is a check for	the following amount:					
<b>₹</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section		STREET/C Registration	OURIER ADDRESS: Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building					
Tallahassee, FL 32314		assee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Platinu	<u>ım Partners, Ll</u>	<u>_C</u>	
( <u>Name of the Limited Liability Com</u> ; (A Florida Limite	ipany as it now appeared Liability Company)	rs on our records.)	
	,,		
The Articles of Organization for this Limited Liability Compa	any were filed on	06/29/2009	and assigned
Florida document numberL0900062548			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		······································	
(Principal office address MUST BE A STREET ADDRESS	2		
			·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Strice Planess.	Er	nter Florida street add	Ess 5
		, Florida	PR PR
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		SEPT A
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and coacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	omplete performance as provided for in C	e of my duties, and I a Chapter 608, F.S. Or,	A familiar with and the this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

. MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> Name **Address** MGR Deborah Murray 10344 WHISPERING PALMS DR., ✓ Add UNIT 1904 Remove FT. MYERS FL 33913 Remove □ Remove ☐ Add Remove  $\square$ Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 7 2010 Dated\_ Signature of a member or authorized representative of a member Lorraine Dascani Typed or printed name of signee

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Filing Fee: \$25.00