

L09 000082181

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 17 AM 10:49

N. Culligan NOV 18 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PLATINUM PREMIER SOLUTIONS, 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:

Todd Fullone

Name of Person

Platinum Premier Solutions, LLC

Firm/Company

1732 S. Congress Ave. Suite 310

Address

Palm Springs, FL 33461

City/State and Zip Code

Todd@infinityage.com

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

For further information concerning this matter, please call:

Todd Fullone

Name of Person

at (561)

307-1081

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
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DIVISION OF CORPORATION
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Platinum Premier Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 26, 2009 and assigned
Florida document number L09000082181.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1732 S. Congress Ave. Suite 310

(Principal office address MUST BE A STREET ADDRESS)

Palm Springs, FL 33461

Enter new mailing address, if applicable:

1732 S. Congress Ave. Suite 310

(Mailing address MAY BE A POST OFFICE BOX)

Palm Springs, FL 33461

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1732 S. Congress Ave. Suite 310

Enter Florida street address

Palm Springs

, Florida

33461

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 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 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

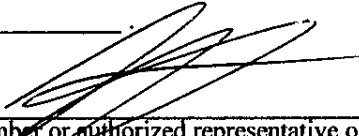
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Justin Bucki	4065 N Haverhill Rd. Ste. B-3, #306 West Palm Beach, FL 33417	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Todd Fullone	1732 S. Congress Ave. Ste. 310 Palm Springs, FL 33461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated _____,



Signature of a member or authorized representative of a member

Todd Fullone

Typed or printed name of signee