

LC9000098156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

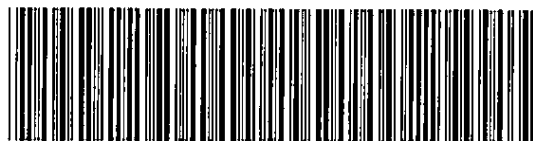
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200336619092

11/14/19--01014--012 **50.00

FILED
2019 NOV 14 PM 1:45
SECRET
TALLAHASSEE, FLORIDA

Y SULKER

DEC 10 2019

Christopher E. Mast, P.A.



Christopher E. Mast, P.A.
1059 5th Avenue North
Naples, Florida 34102
239/434-5922
Fax: 239/434-6355
Email: chris@christophermastlaw.com
www.christophermastlaw.com

November 12, 2019

Registration Section
Florida Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Go Platinum Transportation, LLC

Dear Sir or Madam:

Please find enclosed for filing a Resignation of Manager Member and an Amendment to the Articles of Organization deleting one member and adding a new member along with my check in the sum of \$50.00 in payment of the combined filing fees.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "C. E. Mast".

Christopher E. Mast, Esquire
Attorney at Law

CEM:ap
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GO PLATINUM TRANSPORTATION 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:

Christopher E. Mast, Esquire

Name of Person

Christopher E. Mast, P.A.

Firm/Company

1059 5th Avenue North

Address

Naples, Florida 34102

City/State and Zip Code

INFO@GOPLATINUMTRANSPORTATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher E. Mast, Esquire

239

434-5922

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GO PLATINUM TRANSPORTATION 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 10/12/2009 and assigned
Florida document number L09000098156.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARMEN E. PEDLEY	4548 OAK TREE CT FORT MYERS, FL 33905	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ANTHONY CAITO	5680 Golden Oaks Lane, Naples. Florida 34119	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 11, 2019

Brandy Ollie
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

BRANDY OLLIE

Typed or printed name of signee