L09000 111327

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	/AIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
DIVISION OF CONFORMING

APR - 2 2012

COVER LETTER

то:	Registration Section Division of Corporation	S		*	* *		4° 96
SUBJI	ECT:	PLATINUM	50	INVESTMEN	TS, L.L.C	•	
50.50				Liability Company			
The en	closed Articles of Amendm	ent and fee(s) are su	ıbmitt	ed for filing.			
Please	return all correspondence co	oncerning this matte	er to th	ne following:			
			ANO'	Y CASTILLO			
				Name of Person			
		PLAT	אטמ	50 INVESTM	ENTS, L.	L.C.	
				Firm/Company			
		17240 M	<u>ر</u>	64 Ave # Address	109	Hialesh	PL 33015
		And Cas		y/State and Zip Code 1571 6 Y used for future annua		()M_ cation)	
For fur	ther information concerning	this matter, please	call:				
	And Cons	Hllo		at (\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>17 - 83</u>	18	
	Name of Person			Area Coo	le & Daytime	Telephone N	umber
Enclose	ed is a check for the following	ng amount:					
ॼ \$25.		00 Filing Fee & rtificate of Status		\$55.00 Filing Fee Certified Copy (additional copy		Cer Cer	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)

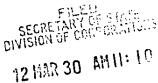
MAILING ADDRESS:

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



PLATINUM SO INU			manands)		
(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 Florida document numberL\phi 9\phi\phi\phi /// 3\partrightarrow\tag{7}	were filed on _	11/19,	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company l	<u>nere</u> :			
NA					
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Cor	npany," the de	esignation "LLC" or the abbreviati		
Enter new principal offices address, if applicable:	_17240	W 6	64 AVE # 109		
(Principal office address MUST BE A STREET ADDRESS)	_ Hiala	ed, Fl	23015		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5.A	\.A.		
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	a 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 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 repany 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>	Name	Address	Type of Action
CO-Prosinent	Jones M. PAEZ	DAVIE FL 33324	Add Remove
nanabinb <u>Nember</u>	BARBANA FI-GONZALEZ	1520 WHITCHOU On , APT 105 DAVIE PL 33324	Add Li Kemove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			SECRETARY CONTROL 12 MAR 30 AM II:
Dated	alilia ,		5
	And	authorized representative of a member Cashillo r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00