109000120251

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Emily Nume)						
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EXAMINER						

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SECRETARY OF STATE TABBAHASSEE, FLORIDA

COVER LETTER

TO:	` Registra Division	tion Section of Corpor						·
CUD IE	CT.		RG PLATINI	JM SER	VICES LLC	2		
SUBJE	.c.i:		Name of Limi			-		
The end	The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please	return all c	orrespond	ence concerning this matter	to the follow	ving:			
				Derek James				
Name of Person								
RG PL					PLATINUM SERVICES Firm/Company			
					suite 1316			
					FI 33131 and Zip Code			
			info@	-	mservices.co	om		
		•			future annual repo	rt notificat	ion)	
For fur	ther inform	ation con	cerning this matter, please of	call:				
			ek James	at (_	888)		230814	
Name of Person					Area Code &	Daytime To	elephone Number	
Enclose	ed is a chec	ck for the f	following amount:					
\$25	.00 Filing l	Fee [\$30.00 Filing Fee & Certificate of Status	Certi) Filing Fee & fied Copy itional copy is er	nclosed)	Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/C Registration Division of Clifton Buil 2661 Execu Tallahassee,	Section Corporation ding tive Cente	er Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RG PLATINUMSE				
(Name of	f the Limited Liability Company (A Florida Limited Lia	as it now appears (bility Company)	on our records.)		
The Articles of Organization for th	is Limited Liability Company w	ere filed on	12-17-2009	and ass	igned
Florida document number	_09000120251				
This amendment is submitted to an	nend the following:				
A. If amending name, enter the	new name of the limited liabili	ity company here:			
The new name must be distinguishab "L.L.C."	le and end with the words "Limite	d Liability Company	," the designation "L	LC" or the a	bbreviation
Enter new principal offices addr	ess, if applicable:			<u>-</u>	
(Principal office address MUST E	BE A STREET ADDRESS)				
Enter new mailing address, if ap	plicable:				
(Mailing address MAY BE A POS	ST OFFICE BOX)				
B. If amending the registered registered agent and/or the new			r records, enter 1	he name o	f the new
registered agent and/or the new	registered virilee address here.			TAEE	
Name of New Registered	Agent:			ER R	
New Registered Office A	ddress:				Tears
		Ente	r Florida street ada	- T	
		City	, Florida	Zin Cool	
New Peristered Agent's Signature	if changing Registered Agent:		,	ceim ω Σ	

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 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
MGRM	GLORIA F.ANGULO	41 SE 5TH ST SITE 1316	Add Remove
MGRM	DAVID BRITTO	41 SE 5TH ST SUITE 1316	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			
			_
Dated	AUGUST 30 20	h	
- -		or authorized representative of a member Derek James or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00