# L10000000583

<b>(</b> R	Requestor's Nam	ne)
(A	ddress)	
(A	Address)	
(C	City/State/Zip/Pho	one #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity N	Name)
(C	Ocument Numb	er)
Certified Copies	Certifica	ates of Status
Consist Instructions to		

Special Instructions to Filing Officer:

L. SELLERS

MAR 2 9 2010

**EXAMINER** 

Office Use Only



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03/26/10--01008--024 \*\*25.00

SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PLATINIM FACTORES 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:
Victoria Strickler Name of Person
PLATINUM PARTINERS Firm/Company
2710 Majestic Daks Ct
Plant city To 33566 City/State-and Zip Code
Shops 45hoes @ tampabay. rr. com or carlamhail.
For further information concerning this matter, please call:
Victoria Strickler at (813), 967-0731
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{Certified Copy} \\ \text{(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

PLATINUM TITLE	PARTNERS LLL			
(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 number <u>L1000000 6583</u> .	were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	607 S. ALEXANDER ST			
(Principal office address MUST BE A STREET ADDRESS)	PLANT CITY PL 33563			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here				
Name of New Registered Agent:	ZX 5 N/A			
New Registered Office Address:	Enter Florida street address			
	Florida ZiprCode			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is			

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 **Type of Action Title Address** <u>Name</u> JENNIFER ONEAL ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00