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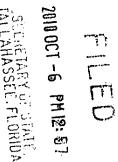
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- LEWIS

OCT 7 2010

EYAMMUR

COVER LETTER

TO: Registration S Division of Co		,	
SUBJECT:	The Platinum (Group Associates, LL	С
	****	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Steven Everett	
		Name of Person	
		Firm/Company	
		P.O. Box 570481	
		Address	
		Miami, FL 33257 City/State and Zip Code	
	F-mail address:	ste66@comcast.net	otification)
For further information	concerning this matter, please	•	
S	teven Everett	at (_305)	978-1057
Name	of Person	Area Code & Day	rtime 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COU	URIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2010 OCT -6 PM 12: 57

The Platinum Group (Name of the Limited Liability Compar (A Florida Limited L	Associates,	LLC SECR	ETARY UT STATE
(A Florida Limited L	iability Company)	s on our records:)	Will control of the c
The Articles of Organization for this Limited Liability Company Florida document numberL10000029811			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
SaveMeFromForeclosu	re.com of FL, L	.L.C.	
The new name must be distinguishable and end with the words "Limit 'L.L.C."	ted Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	16020 SW 10	6th Ave, Miami,	FL 33157
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:	P.O. Box 570	481, Miami, FL ∶	33257
(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		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street ac	ddress
	- C'-	, Florida _	7: 0.1
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Action
_		•	Add
_			Add Remove
			Add
_			Remove
_			Add
		·	
			Add Remove
			Add
			Pamaria
men	ding any other information, ente	er change(s) here: (Attach additional sheet	Remove
meno	ding any other information, ente		Remove
meno	ding any other information, ente		Remove s, if necessary.)
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		er change(s) here: (Attach additional sheet	Remove 7010 OCT - C
	October 4		Remove 7010 OCT

Page 2 of 2

Filing Fee: \$25.00