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SECRETARY OF STAPE
FALEAHASSEE, FLORIDA

COVER LETTER

Division of Corporations					
SUBJEC	et: Platinum &	200 fing of NW FL LLC.			
	Name of 1	Elimited Elabrity Company			
The encl	osed Articles of Amendment and fee(s) are	submitted for filing.			
Please re	turn all correspondence concerning this ma	atter to the following:			
	KY	lader Daoucl			
	Platie	num Routing of NW FL			
	107 M	Edney Ave.			
	Cre				
	e-mail addre	Striew FL 32536 City/State and Zip Code a oud @ earth link. net as: (to be used for future annual report notification)			
For furth	er information concerning this matter, plea	ase call:			
K	Lader Daoud Name of Person	at (850) U89 · 0098 Area Code & Daytime Telephone Number			
Enclosed	l is a check for the following amount:				
\$25.0	00 Filing Fee \$\bigcup \square	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section			

Registration Section
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

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Platinum 200 ting	OF NW FL LC SECRETARY OF STATE ANY AS IT NOW APPEARS ON OUR records.) AND FL LC SECRETARY OF STATE ANY AS IT NOW APPEARS ON OUR records.)
The Articles of Organization for this Limited Liability Compan Florida document number	Elability Company)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	NIA
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 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 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 = Mana MGRM = Ma	ager ' maging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Tony Dempsey	889 Hiawatha Street	Add Remove
MGRM	Dennis Lee King.	I 125 W. 1St Ave. Apt. Crestriew, Fl 32536	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	FILED 12 JUL 30 PM 2: 44 SECRETARED
Dated		or printed name of signee	
	F:	Page 2 of 2	