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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 30 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Platinum Worldwide Realty, 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:

Carlos A. Gil, P.A.

Name of Person

Law Offices of Carlos A. Gil, P.A.

Firm/Company

3910 West Flagler St.

Address

Miami, FL 33134

City/State and Zip Code

carlos@carlosagilpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A. Gil, P.A.

Name of Person

at (305)

785-0460

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Platinum Worldwide Realty, LLC

(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 were filed on 11/02/2012 and assigned
Florida document number L10000114415

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2500 East Hallandale Beach Blvd.

Suite X

Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2500 East Hallandale Beach Blvd.

Mailbox 118

Hallandale Beach, FL 33009

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:

Carlos A. Gil, P.A.

New Registered Office Address:

3910 West Flagler St.

Enter Florida street address

Miami

Florida

33134

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 605, F.S. 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joe Robaina, P.A.	2500 East Hallandale Beach Blvd. Suite X Hallandale Beach, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
S	Andrea A. Robaina	16300 NE 19th Ave. Suite B North Miami Beach, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Heather C. Grimes	16300 NE 19th Ave. Suite B North Miami Beach, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 23rd, 2012

Signature of a member or authorized representative of a member

Joe Robaina, P.A.

Typed or printed name of signee

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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AND
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