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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: F1/2	STIN REAL	ESTATE , LL	. C	
		ited Liability Company		
	Amendment and fee(s) are sub		USLY SUBMITTED	\$ ON FILE
Please return all correspo	ondence concerning this matter	to the following:		
,	DAV	D L. BIAR Name of Person		
(DBA)	PLATINUM,	KEY REAL ESTA	ESERVUES	
	6417	County Line R	'd	SECR TALL!
	TAMPA	FL. 336 ¹ City/State and Zip Code CR D AOL. 44	17	FEB 25
	£-mail address: (AD AOL - Co to be used for future annual report notifi) W (cation)	RE MODE
For further information c	concerning this matter, please co	all:		1.9
DAVID L.	BIPP of Person	at (<u>\$13</u>) <u>994-</u> Area Code Daytime	7800 Telephone Number	•
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our recorus.)
A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2 - 16 - 12Florida document number 45- 412 7,40 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: REAL ESTATE The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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. 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.

City

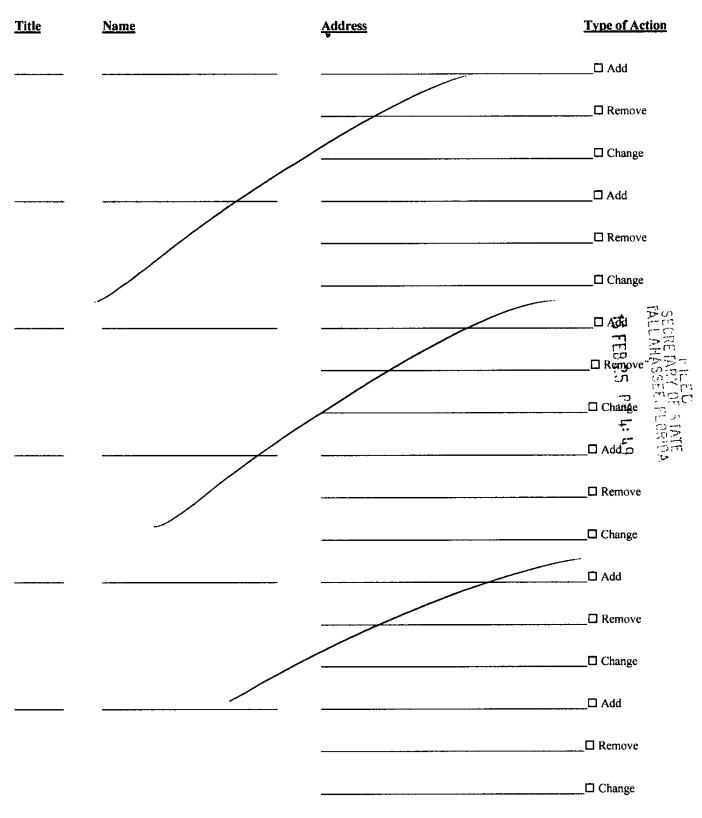
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date lote: If the date inserted in this block does not meet the applicable stocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ated, Javid 3 - B in Signature of a member or authorized :	

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Filing Fee: \$25.00

Typed or printed name of signee