

5/19/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
 Account Number : I20020000100
 Phone : (305)944-9755
 Fax Number : (888)401-1914

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLATINUM REAL DEVELOPMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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1/001 Fax Server



May 22, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PLATINUM REAL DEVELOPMENT SERVICES, LLC
SHIPNET 3- 1111 2240 NW 114 AVENUE,
UNIT SH
MIAMI, FL 33172

SUBJECT: PLATINUM REAL DEVELOPMENT SERVICES, LLC
REF: L11000142770

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000137640
Letter Number: 717A00010161

((H17000137640 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLATINUM REAL DEVELOPMENT SERVICES, 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:

JERRY HOSMAN

Name of Person

PLATINUM REAL DEVELOPMENT SERVICES, LLC

Firm/Company

175 SW 7TH STREET

Address

MIAMI, FL 33130

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call:

JERRY HOSMAN

305

9449755

Name of Person

at ()

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

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

PLATINUM REAL DEVELOPMENT SERVICES, 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 12/20/2011 and assigned
Florida document number L11000142770

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

40 SW 13 ST PH 3

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33130

Enter new mailing address, if applicable:

40 SW 13 ST PH 3

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33130

**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:

SILVAS FINANCIAL SERVICES LLC

New Registered Office Address:

5220 S UNIVERSITY DRIVE SUITE C-102

Enter Florida street address

DAVIE

Florida 33328

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. 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

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DAVIE, FLORIDA

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HOSMAN, JERRY	6205 BLUE LAGOON DR	<input type="checkbox"/> Add
		STE 130	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33126	<input type="checkbox"/> Change
MGR	ARTIGAS, WILLIAM	40 SW 13 ST PH 3	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 19

Signature of a member or authorized representative of a member

JERRY HOSMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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