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(Requestor's Name)
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJI	cct: Inves	tments Ma	de Platinum ited Liability Company	n LLC
		1 16.7	w. are less	
The en	closed Articles of Ai	mendment and fee(s) are subr	mitted for filing.	
Please	return all correspond	lence concerning this matter t	to the following:	
		RocHAS	KA BROWN	· · · · · · · · · · · · · · · · · · ·
			Harre Will Crown	
				1-2-1-2
			Firm/Company	
		339 ERU	E COURT Address	
		PoiNcia	NA FI 34 City/State and Zip Code	759
		STL+(OXES OGNAI so be used for future ann all report noti	i (o m)
For fur	ther information cor	ncerning this matter, please ca	all:	
+	ROCHASK	A BROWN	at (954) 668-	3302
	Name of F	Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for the	following amount:		
) \$2	5.00 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:		<u>Street Address:</u> Registration Se	ction
	Registration Se Division of Co		Division of Cor	
	P.O. Box 6327		The Centre of T	lallahassee
	Tallahassee, Fl	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Investments Ma	ide Platinum LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number 2006796	ny were filed on 5 18 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
	#181
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "L.L.C." or the abbreviation "L.L.C." 6043 US H-WY 17-02 Nort Daven part, FL 33896
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Ilis L. Brown (manager.) Erif, Court
	Enter Florida street address Ciana, Florida 34759

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

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>	Address	Type of Action
MGR	PHYLLIS L. BROWN	339 ERIE COURT	□Add
·		739 Erie Cart Poinciana, # 3475	☐ □Remove
			Change
			□Add
			Remove
		<u></u>	□Change
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reffective te: If the	date is listed, the date inserted:	han the date date must be spin in this block do on the Departm	ecific and ca les not mee	nnot be prior to et the applicab	date of filing of the statutory f	or more than 90 of the state of	_ (optional days after filing ents, this date) 3.) Pursuant to 605.02 e will not be fisted
cord spec s filed.	cifies a delayec	l effective date.	, but not an	effective time	e, at 12:01 a.	m. on the earli	er of: (b) T	he 90th day after t
ed	9-2	7	; <u>_</u> ;	2024				
		_			-			
-		Signar	ure of a mer	mber or authori	zed representa	tive of a member	er	
						BRUW		

Filing Fee: \$25.00