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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 4 2013

T. HASLTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Platinum Payroll 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:

John Burns

Name of Person

Platinum Payroll Services LLC

Firm/Company

2818 Cypress Ridge Blvd., Suite 250

Address

Wesley Chapel, FL 33544

City/State and Zip Code

cblanco@advocatecg.com

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

For further information concerning this matter, please call:

Cathy Blanco

Name of Person

at (**813**) **5149921**

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 Payroll 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 9/27/12 and assigned
Florida document number L12000123769

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2818 Cypress Ridge Blvd., Suite 250

Wesley Chapel, FL 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2818 Cypress Ridge Blvd., Suite 250

Wesley Chapel, FL 33544

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:

John Burns

New Registered Office Address:

2818 Cypress Ridge Blvd., Suite 250

Enter Florida street address

Wesley Chapel

City

Florida 33544

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.

John Burns
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 = Manager
MGRM = Managing Member

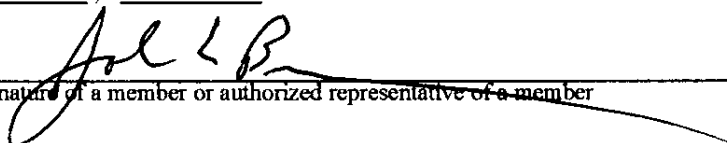
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Greg Thomas	4941 FORESTAY CT	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Remove
mgrm	John Burns	2818 Cypress Ridge Blvd	<input checked="" type="checkbox"/> Add
		Suite 250	<input type="checkbox"/> Remove
		Wesley Chapel, FL 33544	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 3 20
FILE
Add
Remove

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

Dated August 23, 2013



Signature of a member or authorized representative of a member
John Burns

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA