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COVER LETTER

TO: Registration S Division of Co	ection rporations	•		
	WIDE FISH TRANSPORT, LLC	С		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Ernest Gutierrez			
		Name of Person		
	NATIONWIDE FISH TRA	ANSPORT, LLC		
		Firm/Company		
	9501 SW 7 Ct.			
		Address		
	Pembroke Pines, FL 33025	5		•
	- · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	jenny.gonzalez27@hotmail.	.com to be used for future annual report notific	cation)	
For further information	concerning this matter, please ca		,	
Ernest Gutierrez		305 586-6157		
Name	of Person		Telephone Number	
Enclosed is a check for	the following amount:		OCT AHA:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fiffigeree, S Certificate of Status Certified Copy (additional entry 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

NATIONWIDE FISH TRANSPORT, 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 11/19/2012 and assigned Florida document number L12000145887 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Platinum Truck Brokers, LLC The new name must be distinguishable and contain 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) 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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** □ Add □ Remove □ Change □ Add □ Remove _□ Change □ Add _□ Remove _□ Change □ Add ☐ Remove Change <u>←</u> □ Change □ Add ☐ Remove □ Change

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fective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	e specific and cannot be p t does not meet the app	plicable statutory	or more than 90 day		Pursuar	nt to 605.0
record specifies a delayed e The 90th day after the record		not an effecti	ve time, at 12	:01 a.m. d	on the	earlie
October 19	2016					
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Filing Fee: \$25.00