

L13000111633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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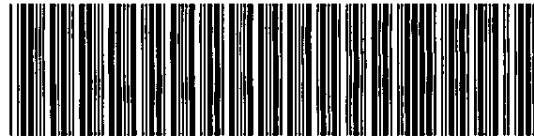
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulgan OCT 10 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PLATINUM VENTURES 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:

ANGELA ARDOLINA

Name of Person

PLATINUM VENTURES LLC

Firm/Company

7806 N ORANGE BLOSSOM TRL

Address

ORLANDO, FL 32810

City/State and Zip Code

platvllc@gmail.com

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

For further information concerning this matter, please call:

ANGELA ARDOLINA

Name of Person

407 862-9876

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLATINUM VENTURES 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 08-07-2013 and assigned
Florida document number L13000111633.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7806 N ORANGE BLOSSOM TRAIL

ORLANDO, FL 32810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7806 N ORANGE BLOSSOM TRAIL

ORLANDO, FL 32810

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:

7806 N ORANGE BLOSSOM TRAIL

Enter Florida street address

ORLANDO

City

, Florida 32810

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.

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> |
|--------------|-----------------|---------------------------|--|
| MGRM | ANGELA ARDOLINA | 105 SHIPLEY CT | <input type="checkbox"/> Add |
| | | LONGWOOD, FL 32779 | <input checked="" type="checkbox"/> Remove |
| MGRM | ANGELA ARDOLINA | 7806 N ORANGE BLOSSOM TRL | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32810 | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

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

Dated October 7, 2013.

Signature of a member or authorized representative of a member

ANGELA ARDOLINA

A. Ardolina
Typed or printed name of signee

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Filing Fee: \$25.00

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