#14000117797

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP		
(B	usiness Entity Nam	e)
(D	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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•	Office Use Only	ý



10/27/14--01021--005 **25.00

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K. SALY EXAMINER OCT 302014

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COVER LETTER
• ' TO: Registration Section Division of Corporations '
SUBJECT: PLATINUM MOTOR SALES 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:
Joseph Petrolino Name of Person <u>Plationum motor sales LLC</u> Firm/Company <u>600 NE 27th st</u> <u>Address</u> <u>Pompano Beach fl, 33064</u> <u>City/State and Zip Code</u> <u>Petrol 251 & Hot Mai L. Com</u> <u>E-mail address: (to be used for future annual report notification)</u>
For further information concerning this matter, please call:

100 Area Code Daytime Telephone Number me of Person

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 A	MENDMENT
ТО	
ARTICLES OF OR	GANIZATION
OF	2011
Platinum Motor (Name of the Limited Liability Company (A Florida Limited Liab	EGANIZATION 2014 OCT 27 PM 4:28 as it now appears on our records.) ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company we Florida document number $L14000117797$.	ere filed on $7.728/14$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and end with the words "Limited Liabilit	y 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

1

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member ,

Title Address **Type of Action** Name 600 NE 27th st RovalD Keen 🛛 Add Pompano Beach F1 3306 KRemove 600 NE 27th St XAdd Eugene Smith MGK Pompano Beach Fl 33064 C Remove HUHORA 27 PH 4: 2 FEU 🗆 Add 🛛 Remove 🗆 Add _.] Remove _⊟ Add _____ C Remove

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E. Effective	date, if other than th	e date of filing:		(optional)
(The effective	le date must he specific - ca	111111 DE OLIOFIO (CHE AL D'CEDI	if or filled date and cannot he	more than 90 days after
		Florida Department of State)	t or filed date and cannot be	more than 90 days after
the date th		Florida Department of State)		more than 90 days after
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the date th		Florida Department of State)		more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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