# L14000161824

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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# **COVER LETTER**

| то:   | Registration Sec<br>Division of Corp | ction<br>porations   |               |  |  |
|---|--------------------------------------|--|---------------|--|--|
| CHIDIE  | PLATINUM                             | M LABS GLOBAL, LLC   |               |  |  |
| SUBJECT: Name of Limited Liability Company        |                                      |  |               |  |  |
|   |                                      |  |               |  |  |
| The enc   | losed Articles of A                  | Amendment and fee(s) are submitted for filing.                     |               |  |  |
| Please r  | eturn all correspon                  | ndence concerning this matter to the following:                    |               |  |  |
|   |                                      | ROBERT ROGERS, ESQ   |               |  |  |
|   |                                      | Name of Person   |               |  |  |
| ROBERT ROGERS LAW FIRM, PA                        |                                      |  |               |  |  |
| Firm/Company                                      |                                      |  |               |  |  |
| 1200 BRICKELL AVENUE #860                         |                                      |  |               |  |  |
|   |                                      | Address  |               |  |  |
|   |                                      | MIAMI, FL 33131  |               |  |  |
|   |                                      | City/State and Zip Code  |               |  |  |
|   |                                      | robert.rogers@corallaw.com   |               |  |  |
|   |                                      | E-mail address: (to be used for future annual report notification) |               |  |  |
| For furt  | her information co                   | oncerning this matter, please call:                                |               |  |  |
| ROBE  | RT ROGERS                            | 786 220-0779<br>at ()  |               |  |  |
| Name of Person Area Code Daytime Telephone Number |                                      |  |               |  |  |
|   |                                      |  |               |  |  |
| Enclose   | ed is a check for the                | he following amount:   |               |  |  |
| <b>=</b> \$25                                     | 5.00 Filing Fee                      | (additional copy is enclosed) Certified                            | e of Status & |  |  |

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

FILED 2015 OCT -5 PH 12: 18

PLATINUM LABS GLOBAL 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 Lia  | bility Company                        | were filed on OCTOBER        | and assigned                       |  |
|--|---------------------------------------|------------------------------|------------------------------------|--|
| Florida document number L14000161824   | · · · · · · · · · · · · · · · · · · · |                              |                                    |  |
| This amendment is submitted to amend the follow  | ving:                                 |                              |                                    |  |
| A. If amending name, enter the new name of t   | he limited liabi                      | lity company here:           |                                    |  |
| The new name must be distinguishable and contain the wor                                   | rds "Limited Liabili                  | ty Company," the designation | "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applical   | ble:                                  |                              |                                    |  |
| (Principal office address MUST BE A STREET   | ADDRESS)                              |                              |                                    |  |
|  |                                       |                              |                                    |  |
| Enter new mailing address, if applicable:  |                                       |                              |                                    |  |
| (Mailing address MAY BE A POST OFFICE B  | <u>OX)</u>                            |                              |                                    |  |
|  |                                       |                              |                                    |  |
| B. If amending the registered agent and/or registered agent and/or the new registered offi |                                       |                              | cords, enter the name of the new   |  |
| Name of New Registered Agent:  | ROBERT ROG                            | ERS LAW FIRM, PA             |                                    |  |
| New Registered Office Address:   | 1200 BRICKELL AVENUE #860             |                              |                                    |  |
|  | Enter Florida street address          |                              |                                    |  |
|  | MIAMI                                 |                              | _, Florida 33131                   |  |
|  |                                       | 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

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 = M $AMBR = A$ | anager<br>uthorized Member |         |                |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u>       | <u>Name</u>                | Address | Type of Action |
|                    |                            |         | Add            |
|                    |                            |         | Remove         |
|                    |                            |         | Change         |
|                    |                            |         | _□ Add         |
|                    |                            |         | □ Remove       |
|                    |                            |         | ☐ Change       |
|                    |                            |         | Add            |
|                    |                            |         | □ Remove       |
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|                    |                            |         | □ Remove       |
|                    |                            |         | Change         |
|                    |                            |         |                |
|                    |                            |         | Remove         |
|                    |                            |         | ☐ Change       |
|                    |                            |         | Add            |
|                    |                            |         | ☐ Remove       |
|                    |                            |         | ☐ Change       |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |                    |           |
|--|--------------------|-----------|
| <u> </u>   |                    |           |
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|  | 2016 OCT           | 17        |
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|  |                    |           |
|  |                    |           |
| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | 0207 (3<br>d as th | )(b)<br>e |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.   | r of:              |           |
| Dated SEPTEMBER 28 2015  |                    |           |
| Signature of a member or authorized representative of a member   |                    |           |
| ROBERT ROGERS  |                    |           |
| Typed or printed name of signee  |                    |           |

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Filing Fee: \$25.00