L15000081069

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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
CHD ID		PLATINUM LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		CAROLYN KAHL		
			Name of Person	
		ROCA GONZALEZ, P.A.		
			Firm/Company	
		3370 MARY STREET		
			Address	
		MIAMI, FL 33133		
			City/State and Zip Code	
		CKAHL@RGPA.COM	to be used for future annual report	
r c 1				nomication)
		oncerning this matter, please ca		
		305 8596050		
	Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed	d is a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COI Registration Se Division of Coi Clifton Buildin 2661 Executive	rporations g

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYSTAL PLATINUM LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company volument number <u>L15000081069</u> .	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		- 8	
		- 88 CZE	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		or Silver	
Mailing undress MAT BE AX OST GITIGE 2014		. 5 10 10 10 10 10 10 10 10 10 10 10 10 10	
		· • • • • • • • • • • • • • • • • • •	
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> :	the name of the r	
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

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
MGR	RICARDO D CAROZZI	1040 EAST 3RD STREET	
		HIALEAH, FL 33010	Remove
			■ Change
			
			□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Rcmove
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ective date, if other than the d	a amonific and connect be	prior to date of filing	or more than 90 days	ptional) after filing.) Purs	uant to 60	05.020 sted s
te: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the a artment of State's rec	cords.	ming requirements	, mis dute win i		
record specifies a delayed of the 90th day after the recor	effective date, burd is filed.	ut not an effecti	ve time, at 12:)1 a.m. on t	he ear	lier
JUNE 11TH	, 2018	·				
Jenn Com	tgnature of a member of					

Page 3 of 3

Filing Fee: \$25.00