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## **COVER LETTER**

Division of Corporations ·
SUBJECT: Platinum Water And Fire Restoration 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:
Michael Larse
Platinus Water and Fire Restoration LLC
3530 Agricultural Center Dr.
St. Augustine FL 32092 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mchael Lassen at 904 527-9899  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status S

MAILING ADDRESS:

Registration Section

TO:

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

Platour Water and	Fire Restoration	LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 4/5000006.	y were filed on $\frac{12/i3}{20/}$	and assigned
(Name of the Limited Liability Company set in ow appears on our records.) (A Florida Limited Liability Company)  the Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the limited lial	bility company here:	
The same he distinguishable and contain the words "Limited Link	ility Company" the designation "I I C" or t	ne abhaviation "L.I.C."
·	unly company, the designation line of the	ic aporevianom Elizo,
Enter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
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		272
Enter new mailing address, if applicable:		, , ,
		골
		REI C
		ter the name of the new
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>	Name	Address	Type of Action
AMBR	Adam Lorsen	3530 Agricolteral Center Di	□ Add
		3530 Agricultural Center Di St. Agristine, FL 32092	Remove
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			🗆 Add
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ect	ive date, if other than the date of filing:(option	al)	
ı ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill if the date inserted in this block does not meet the applicable statutory filing requirements, this d	ling.) Pursuant to	505.020 isted a
cun	nent's effective date on the Department of State's records.	ate will not be	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.i	m. on the ea	rlier d
'nε	90th day after the record is filed.		
	Nov. 7 2017		
ted	Nov. 7. 2017.		
	n1 0.077		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00