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COVER LETTER

Division of Cor	porations		
subject:	atinum-HA Name of Lim	2, LLC ited Liability Company	
-			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nork -	T. Newman Name of Person	
	Platinu	Firm/Company	
	13902 N.	Dale Mabry Address	Hwy Suite 217
	+newn E-mail address: (City/State and Zip Code Nan @ Synuito be used for future annual report notif	ty.com
For further information c	oncerning this matter, please ca		
TOW Name o	<u>Newman</u>	at (813) 92' Area Code Daytime	7-1845 e Telephone Number
Enclosed is a check for the	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)

TO:

Registration Section

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

Platinum.	HR LLC				
	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L1(000139376					
This amendment is submitted to amend the following:	of R 3: 军 Sillity company here:				
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	13902 11 Date Mabry Hwy				
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33618				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1390a 1 Dale Mabry Hwy Suite 217 Tampa, FL 33618				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter the name of the new				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the				

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = Ma $AMBR = Au$	anager uthorized Member	,			
<u>Title</u>	Name		Address		Type of Action
AMER	NORK T	. Newman	13902	n. Dale	Mabry Add
			<u>Suite</u>	217	Remove
·			Tampa,	PL 336	018 Change
AMBR	Fielding	H. Dickey	•		
		_	#204		Remove
			Lahelan	d, FL 3	<i>3</i> 803 □ Change
ambr	Russell	E Newmar	1 1011 5	pindle Pall	M Way - Add
			Apollo B	each, FL	33512 KRemove
					Change
					Add
					Remove
					Φ
					The hange
					PH Dehange
					Remove
					☐ Change
					Add
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					Change

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

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ctive date, if other	than the date of f	iling:	to data of Elina on mon	(option	nal) filing.) Pursuant to 605.0
If the date inserted	l in this block does r	not meet the applica	able statutory filing	e than 90 days after 1 requirements, this	date will not be listed
iment's effective date	on the Department	of State's records.			
ecord specifies a	delayed effectiv	ve date, but no	t an effective tir	ne. at 12:01 a.	.m. on the earlie
ne 90th day after	the record is fil	ed.		,	
. Dotal	13	2011.			•
d UCTOX	Illo	_, 2016	_ ·		
	Mille				
	Signature	of a member or autho	rized representative o	a member	

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Filing Fee: \$25.00