

**L16000129379**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

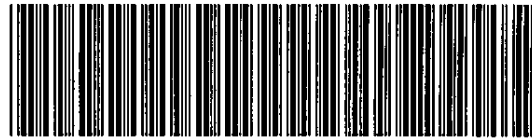
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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**16 OCT 18 PM 3:53**

**DIVISION OF CORPORATIONS**

**O SIMMONS**

**OCT 19 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Platinum-HR, 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:

Norek T. Newman

Name of Person

Platinum-HR LLC

Firm/Company

13902 N. Dale Mabry Hwy Suite 217

Address

Tampa, FL 33618

City/State and Zip Code

+newman@synuity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Newman

Name of Person

at (813) 927-1845

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Platinum-AR LLC

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DIVISION OF CONSTITUTIONS  
and passed

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
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AMBR	NORR T. Newman	13902 N. Dale Mabry Suite 217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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		Tampa, FL 33618	<input type="checkbox"/> Change
--	--	-----------------	---------------------------------

AMBR	Fielding H. Dickey	1625 Village Center Dr. #204	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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		Lakeland, FL 33803	<input type="checkbox"/> Change
--	--	--------------------	---------------------------------

AMBR	Russell E Newman	1011 Spindle Palm Way Apollo Beach, FL 33512	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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16 OCT 18 PM 3:54  
DIVISION OF CORRECTIONS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 13, 2016

*[Handwritten signature]*

Robert T. Newman

Typed or printed name of signee