## L16000173640

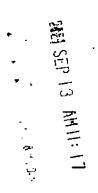
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500373193455

09/13/21--01023--008 ++25.00



Ja

## **COVER LETTER**

Platinum Vi	sion LLC		
SUBJECT:			-
	Name of Lim	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	P. Courtney Campbell		
		Name of Person	<del></del>
	Platinum Vision LLC		
		FimvCompany	<b>→</b>
	1140 S Orlando Ave. #D1	5	
		Address	
	Maitland. FL 32751		
	Control Control	City/State and Zip Code	<del></del>
	CeceMvBroker@gmail.com E-mail address: (	o be used for future annual report notification)	_
For further information co	ncerning this matter, please c	ıll:	
P. Courtney Campbell		904 536-7332 at ( )	
Name of	Person	Area Code Daytime Telephone Num	iber
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certif	Filing icate of ied Coponal copy

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Platinum Vision, LLC		
( <u>Name of the Limited Liability Compa</u> 'A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 08/01/2016	and assigned
lorida document number L16000173640		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Platinum Vision Realty LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	37 N. Orange Ave	
Principal office address MUST BE A STREET ADDRESS)	Suite 500	, 25
	Orlando FL 32801	SE
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		ı
8. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new regis
N. D. St. LOWER All St.		
New Registered Office Address:	Enter Florida street ad	dress
		, 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>. itle</u>	<u>Name</u>	Address	Type of Action
AMBR	Melissa Santiago	10069 Lee Vista Blvd. Aptn11310	≣Add
		Orlando FL 32829	□Remove
			□Change
			Change
			DAdd
			☐Remove ☐ ☐Change
			□ Ada
			☐ Remove
			Change
		<del></del>	⊐Add
			□ Remove
			©Change
			□Add
			:□Remove
			∏Change

				<del></del>
	<u>, , , , , , , , , , , , , , , , , , , </u>			<del></del>
		<u> production</u>		
			•	
				75.77 \$4.0 (70)
			b	
			÷	
			· · ·	- ω 
				<u> </u>
			J.	
			· · · · · · · · · · · · · · · · · · ·	
	<del></del>		<del>_</del>	<del></del>
99/01	/2021	(ont	ional)	
ective date. if other than the date of filing: effective date is listed, the date must be specific and cannot be	e prior to date of filing o	r more than 90 days afte	r filing.) Pur	suant to 605.0207 (
e: If the date inserted in this block does not meet the aument's effective date on the Department of State's re	applicable statutory is cords.	lling requirements, th	is date will	not be fisted as u
cord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (	b) The 90	th day after the
s filed.			1	•
ed 01 September 2021				I.
		_ ^		
Signatur, of a semb	an of surgeant		- Ōr	4116
				1 2 2

ere to the contract of