L16000 197385

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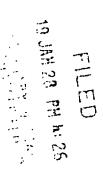
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COVER LETTER

	egistration Sec ivision of Corp						
		I RENOVATIONS LLC					
SUBJECT	Name of Limited Liability Company						
The enclos	ed Articles of 7	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspor	ndence concerning this matter	to the following:				
		THOMAS ZEBLEY					
			Name of Person				
		PLATINUM RENOVATIONS LLC Firm/Company					
		21200 VELINO LN					
		Address					
		ESTERO FL 33928					
		City/State and Zip Code					
		ODEAIR@HOTMAIL.CO		. /			
		E-mail address: (to be used for future annual report notif	ication)			
For further	information co	oncerning this matter, please co	all:				
THOMAS	ZEBLEY		239 913-9296 at ()				
	Name of	Person	at () Area Code Daytime	: Telephone Number			
Enclosed i	s a check for th	e 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)			

MAILING ADDRESS:

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

PLATINUM RENOVATIONS LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 10/26/16	and assigned
Florida document number L16000197385		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	
Enter new principal offices address, if applicable:		* 19
Principal office address MUST BE A STREET ADDRESS)		AH 28 P
		~·· - <u>-</u>
Enter new mailing address, if applicable:		~ ~ ~
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	<i>s</i>
	. Fle	orida
	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>	<u>Address</u>	Type of Action
MRGM	MARCIN KARCZMIARZ	9780 SILVER CREEK CT ESTERO FL 33928	3 Add
			□ Remove
			Change
MGRM	PAUL E. REITER	9780 SILVER CREEK CT ESTERO FL 33928	■ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change

THOMAS ZEB ≛E Y HOLDS 4:	5%
MARCIN KARCZMIARZ HO	DLDS 45%
PAUL E. REITER HOLDS 10%	%
	<u> </u>
effective date is listed, the date must be	ate of filing:
ecord specifies a delayed e ne 90th day after the record	effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.
JANUARY 24TH	2019
X	H(C)
	ignature of a member of authorized representative of a member

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Filing Fee: \$25.00