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COVER LETTER

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SUBJECT.					
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Adam Itzkowitz, Esq.			
	Name of seed Articles of Amendment and fee(s) are arm all correspondence concerning this man Adam Itzkowitz, Esq. Itzkowitz Law, PLLC 1034 Belcher Rd S Largo, Fl. 33771 adam@atzlawfirm.com E-mail address: cowitz Name of Person s a check for the following amount: O Filing Fee \$\sum_{\text{S}} 33.000 \text{ Filing Fee & Certificate of Status} lailing Address: legistration Section Division of Corporations	Itzkowitz Law, PELC			
	Platform USA, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filling. all correspondence concerning this matter to the following: Adam Itzkowitz, Esq. Name of Person Itzkowitz Law, PLLC Firm Company 1034 Belcher Rd S Address Largo, FL 33771 CityrState and Zip Code adam@itzlawfirm.com E-mail address: (to be used for future annual report notification) ifformation concerning this matter, please call: vitz Name of Person Area Code Daytime Telephone Number check for the following amount: Citing Fee S30.00 Filling Fee & Certificate of Status Certified Copy (additional copy is enclosed) Extract Address: gistration Section Registration Section Division of Corporations				
	Platform USA, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Adam Itzkowitz, Esq. Name of Person Itzkowitz Law, PLLC Firm/Company 1034 Belcher Rd S Address Largo, FL 33771 City/State and Zip Code adam@atzlawfirm.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: itz Name of Person at (
			Address		
	Platform USA, LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Adam Itzkowitz, Esq. Name of Person Itzkowitz Law, PLLC Firm/Company 1034 Helcher Rd S Address Largo, FL 33771 City/State and Zip Code adam@itzlawfirm.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: tzkowitz Name of Person d is a check for the following amount: d is a check for the following amount: 2.00 Filing Fee 330.00 Filing Fee & Certificate of Status Certified Copy Certificate Certificate of Status Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
			City/State and Zip Code		
		' -			
		E-mail address: (to be used for future annual report no	otification)	
For further is	iformation c	oncerning this matter, please co	all:		
Adam Itzkov	witz				
	Name o	f Person	Area Code Days	ime Telephone Number	
Enclosed is a	i check for th	ne following amount:			
≡ \$25,00 F	Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registration Section		-			
				•	
	J. Box 032 Hahassee, I			roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our record Liability Company)	d <u>s.</u>)
y were filed on <u>3/27/17</u>	and assigned
bility company here:	
ility Company," the designation "LLG	1-00-0
3906 W De Leon St	
Tampa, FL 33609	<u> </u>
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Tampa, FL 33609	<u> </u>
address on our records, enter	the name of the new regi
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Enter Florida str ee t addre	3.5
•	· <u>·</u>

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
MGR	PROPCORP GROUP INC.	3906 W De Leon St	□Add
		Fampa, Fl. 33609	
			■Change
			□Remove
			Change
			□Add
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