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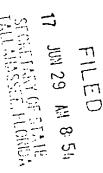
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COVER LETTER

	Registration Sec Division of Corp			
SUBJECT		M MASTER PAINTERS AND	CARPENTRY	
SUBJECT	· ;	Name of Lim	ited Liability Company	_
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		ROBERT E RIVERA		
			Name of Person	
		PLATINUM MASTER PA	MINTERS AND CARPENTRY	
			Firm/Company	
		3530 NW 85 TERRACE		
			Address	
		MIAMI FLOIDA 33147		
		ROBNY65@GMAIL.COM	City/State and Zip Code	_
		E-mail address: (to be used for future annual report notification)	
For further	r information co	oncerning this matter, please ca	all:	
ROBERT	E RIVERA		305 967 5698 at ()	
	Name of	f Person	Area Code Daytime Telephone Nu	mber
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee ifficate of Status & Titled Copy tronal copy is enclosed?
	Registra Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building	S: P

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATINUM MASTER PAINTERS AND CARPENTRY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	npany were filed on 5/5/17 and assigned
Florida document number L17000100751	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address , Florida
New Registered Agent's Signature, if changing Registered A	76 2 T
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROBERT E RIVERA	3530 NW 85 TERRACE MIAMI F	= Add
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an effect <u>ote:</u> If	e date, if other the tive date is listed, the of the date inserted in this effective date of	date must be specificated this block does r	e and cannot be not meet the a	e prior to date o applicable stat	f filing or more th		ng.) Pursuant to 605	
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Filing Fee: \$25.00