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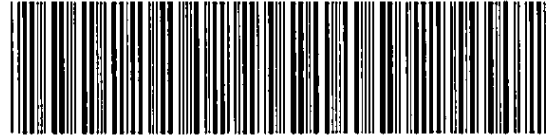
(Business Entity Name)

(Document Number)

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amendment

1. Platinum Title of Central Florida, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Platinum Title of Central Florida, 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:

Steve Fusilier

Name of Person

Platinum Title of Central Florida

Firm/Company

7272 Harmony Square Drive South

Address

Harmony FL 34773

City/State and Zip Code

steve@realtygroupfl.com

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

For further information concerning this matter, please call:

Cory Taylor

321 278-6946
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2611 Florida Avenue, Suite 200
Tallahassee, FL 32304

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PLATINUM TITLE OF CENTRAL FLORIDA, LLC

(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 Company were filed on JANUARY 2, 2018 and assigned
Florida document number L18000001120.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

7272 HARMONY SQUARE DRIVE SOUTH

(Principal office address MUST BE A STREET ADDRESS)

HARMONY FL 34773

Enter new mailing address, if applicable:

7272 HARMONY SQUARE DRIVE SOUTH

(Mailing address MAY BE A POST OFFICE BOX)

HARMONY FL 34773

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CORY TAYLOR	2875 S ORANGE AVE	<input type="checkbox"/> Add
		SUITE 500-2810	<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32806	<input type="checkbox"/> Change
MGR	HEIDI BRITO	7272 HARMONY SQUARE DRIVE S	<input checked="" type="checkbox"/> Add
		HARMONY FL 34773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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JUL 19 2018
CLERK OF DISTRICT COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.

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

Dated July 18, 2019

Signature of a member or authorized representative of a member

STEVE FUDLER
Typed or printed name of signee