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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT: PA	tinum Chics LLC	
	Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Jessie Coombs Name of Person	
	Firm/Company	
	10 -10 120 01-11	
	4569 129 AVB N Address	
	West Polm Bch Ph 33411	
-	West Polm Bch Ph 33411  City/State and Zip Code  SE-mail address: (to be used for future annual report notification)	
For further information cone	terning this matter, please call:	
1		
<u>Jessie</u>	Coombs at (561) 577-5244	
Name of Pe	rson Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	itus &
Mailing Address:	<u>Street Address:</u>	

Registration Section
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

FILED

Platinum	Chi	CS	21 CUZIFE	B 12 PM 3:53
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears of iability Company)	n our records	TARY OF STATE
The Articles of Organization for this Limited L. Florida document number	iability Company	were filed on $Q\ell$	0/05/201	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of PLATINUM INVESTMENT PROPER		lity company here	:	
The new name must be distinguishable and contain the w		ty Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	4569	129 A	VE N
(Principal office address MUST BE A STREE	T ADDRESS)	WEST P.	Alm Be	ach Fh 334
Enter new mailing address, if applicable:				
	D.O.L.O.			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>		
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office a	ddress on our reco	rds, enter the na	me of the new registered
Name of New Registered Agent:	Jess	IE Coor	nbs	
New Registered Office Address:	4569	129 AV	3 N	
	West PA	n bch	street address , Florida _	33411
		Cîţy		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>	Name	<u>Address</u>	Type of Action
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			□Remove
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record specifies a delay	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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<del></del>	Signature of a member or authorized representative of a member
	/ B ==== a to the man to the member
	Jessie Coombs

Filing Fee: \$25.00