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11/28/18/05

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	CCT:	PLATINUM GR. Name of Lim	ouf PublisHING ited Liability Company	, LLC	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Name of Person		
		PLATIN	um GROUP SECUR	ity Inc	
		<u>d12</u>	NORTH Federal	Hay =	F whereas
		Deeri	No RTH Federal Address FIELD Beach FL City/State and Zip Code	- <u>3344/</u>	D
			DLECWORTH PL to be used for future annual report notif		
		oncerning this matter, please co			
	Kim Van	Middlesworth	at (<u>954)</u> <u>39/- a</u> Area Code Daytime	735 <u>3</u> Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 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 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

Pharinum G	ROUP PUBLISHI	Na LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L/8000257462}{}$.	any were filed on	1 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited leaves the new name of the limited leaves the new name must be distinguishable and contain the words "Limited Leaves name must be distinguishable and contain the words "Limited Leaves name name must be distinguishable and contain the words "Limited Leaves name name of the limited leaves name name of the li		LLC or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	H-2 F-2 F-3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		. Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Age	ent:	

If Changing Registered Agent, Signature of New 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 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 _□ Add ☐ Remove __ Change □ Add ☐ Remove ☐ Change _□ Change <u>u</u>⊒ Add _□ Remove ☐ Change _ 🗖 Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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in effective date is listed, the date ofte: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or most block does not meet the applicable statutory filing to Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to og requirements, this date will not be l	605.020 isted a
record specifies a dela The 90th day after the	yed effective date, but not an effective ti record is filed.	me, at 12:01 a.m. on the ea	rlier (
ned Notember	Signature of a member or authorized representative of	of a member	
	Evin Van Middleswor		

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Filing Fee: \$25.00