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2022 SEP -6 AM 7: 58

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Platinum	Staffine Name of Limited	Lability Company	ints u	<u>c</u>
The enclosed Articles of Amendment and	d fee(s) are submitte	ed for filing.		
Please return all correspondence concern	ing this matter to th	e following:		
	Carol	Edmond Name of Person	<u> </u>	
	Platinu	m Multi Sc Firm/Company	enice	<u>lc</u>
<u>109</u>	Tves D	airy Pd 3-	115	<del></del>
	<u> Miami , Fl</u>	33179 ty/State and Zip Code ummu Hise Y used for future annual re		
inf	OC Olatin E-mail address: (to be	ummuHiser used for future annual re	port notification)	<u> </u>
For further information concerning this r	natter, please call:			
Carol Edmond Name of Person		at (561) 6	Daytime Telepho	one Number
Enclosed is a check for the following an	nount:			
S25.00 Filing Fee ☐ \$30.00 F Certific	iling Fee & [ate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Division	dress: tion Section of Corporation tre of Tallahas	
Tallahassee, FL 32314			Monroe Stree	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Platinum Staff	Fing Consultants 2020 EP -6 AM 7:51 pany as it how appears on our records.) I Liability Company)
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it how appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on
Florida document number <u>L1900007D7D4</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Place of Aroma LLC. The new name must be distinguishable and contain the words "Limited Liab	The state of the s
The new name must be distinguishable and contain the words "Limited Liab	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	1208 NW 204th street
Principal office address MUST BE A STREET ADDRESS)	Miami, F1 33169
	<u> </u>
Enter new mailing address, if applicable:	1208 NW 204th street
Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl 33169
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: 100-1 I	ives Dairy Rd 3-115  Enter Florida street address
Miav	-0.70

## 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.

City

Zip Code

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>	Address	Type of Action
MGR	Edmonds K LLC	1208 NW 204th Street	□Add
		Miami, F1 33169	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
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			□Remove
			Change

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