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COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT: Phit	Haus 22 C Name of Limited Liability Company
3000EC1	Name of Limited Liability Company
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.
Please return all corresponden-	ce concerning this matter to the following:
_	Michael J Sardo Name of Person
	Phit Hang 22C
_	Firm/Company
_	1908 Rayshare. Ct
-	Son Fe by Harbor Fl 34695 City/State and Zip Code
	Sardo Ptont @ Gmail. Cam E-mail address: (to be used for future annual report notification)
For further information concer	ning this matter, please call:
Michael 5 Name of Pers	on Area Code Daytime Telephone Number
Enclosed is a check for the fol	lowing amount:
\$25.00 Filing Fee	\$30.00 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)
Mailing Address: Registration Secti	Street Address: On Registration Section

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

Phit Haus	LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	· · · · · · · · · · · · · · · · · · ·	and assigned
Florida document number <u>£19000299626</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Platinum PT The new name must be distinguishable and contain the words "Limit		the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.)		the abbreviation L.L.C.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		c.
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florid	la
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		t mark to the
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
<u>-</u>		·	□Add
			□Remove
			☐Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Amendine Phit Hand U.C. to Now U.C.	
Amending Phit Hars LLC to New LLC 7. Hed & Platinem PT LLC	
-1, TEO 3 FOOTING PI CLC.	
	
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E. Effective date, if other than the date of filing:	
(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.) Pursuan Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	nt to 605.0207 (3)(b
document's effective date on the Department of State's records.	. Oc tisted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
record is filed.	
Dated March 72, 2021	
Dalei	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Michael J Sardo	
11/Charl 2 Sarro	

State of the state

Filing Fee: \$25.00