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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000200146

Phone : (305)444-4994 Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATINUM CONTRACTORS LLC	·	
(Name of the Limited 1.	jability Company as it now appears on our reco lorida Limited Liability Company)	<u>(q.</u> ')
The Articles of Organization for this Limited Liabil	ity Company were filed on 02/17/2020	and assigned
Florida document number L20000047184		
Florida document number		
This amendment is submitted to amend the following	ng:	
A. If amonding name, enter the new name of the	elimited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.D.C."
		⊘ A
Enter new principal offices address, if applicable		=
(Principal office address MUST BE A STREET A	(DDRESS)	, 8 7
		[23
Enter new mailing address, if applicable:		— U FFI
Mailing address MAY BE A POST OFFICE BO	N)	
Matting duaress that the a voice of everence		<u> </u>
	*	3A 5
B. If amending the registered agent and/or regi	stand office address on our records, ent	ter the name of the new registered
B. If amending the registered agent and/or registered office address h	ere:	
agent and of the och regionees		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street ad	J
	Enter Furtis street an	(F(2)
		Florida
•	City	Αφ Lock

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.

To:

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

Title	Name	Address	Type of Action
AMBR	MICHELL GUIZA	10629 NW 54TH ST.	≣Add
		DORAL, FL 33178	GRemove
		And the state of t	[]Change
			DAda
			□Remove
		· w ———————————————————————————————————	
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			TiChange
			○Remove
			Change
		and the second s	Dadd
			ORemove
			@Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effe (If an <u>Not</u> doct	(optional) effective date, if other than the date of filing: 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 (e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ument's effective date on the Department of State's records.
If the rec record is	cord specifies a collayed effective dote, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the stilled.
Dat	
	Sugnature of a member or authorized expresentative of a member
	Michell Guiza Typed or printed name of signer