## L20 000128508

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Registration Section

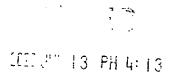
Tallahassee, FL 32314

Division of Cor	rporations		
	TIUNUM HOLDINGS LLC		
SUBJECT:	Name of Lim	sited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHAYLA HARRIS		
		Name of Person	4°
	SLSL PLATINUM HOLD	DINGS LLC	
		Firm/Company	
	12607 LAKE VISTA DR		
		Address	
	GIBSONTON, FL 33534	ı	
	<del></del>	City/State and Zip Code	<del></del>
	SHAYLALEW@YAHOO.		<del></del>
		to be used for future annual report not	nication)
For further information c	concerning this matter, please c	all:	
SHAYLA HARRIS		813 476-1969 at ( )	
Name o	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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 Addres Registration 9		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## SLSL PLATINUM HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Likhid	da Elimited Ela	omiy Compan	31		
The Articles of Organization for this Limited Liability (	Company w	ere tiled on	5/12/2020		and assigned
Florida document number <u>L20000128508</u>	··				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liabilit	y company	here:		
The new name must be distinguishable and contain the words "Lin	mited Liability	Company," tl	ne designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	-				
(Principal office address MUST BE A STREET ADD	PRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		iress on ou	r records, <u>e</u> i	nter the nam	e of the new registered
Name of New Registered Agent:					
New Registered Office Address:					
		Enter l	Florida strvet a	ddress	
				, Florida	Zip Code
		City			Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a heing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete pe agent as pro ed office aa	rformance wided for i	of my dutie. n Chapter 6	s, and 1 am fo 05, F.S. Or, .	miliar with and if this document is
	If Changin	ig Registered	Agent, Signati	ure of New Reg	istered 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>	<u>Name</u>	Address	Type of Action
MGR	SHAYLA HARRIS	12607 LAKE VISTA DR GIBSONTON FL 33534	<b>≣</b> ∆d₫
			□Remove
			🗆 Change
			□Add
			□Remove
			🗆 Change
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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.) Pursuant to 605,0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.		
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Signature of a monther or authorized representative of a member	rd is	filed.
Signature of a monther or authorized representative of a member	Dated	July 9 2020
		Christian (Company)
SHAVI A HADDIS		Signature of a monitor or authorized representative of a member
		0143/4 4 1/4 2000

Filing Fee: \$25.00