L20000285544

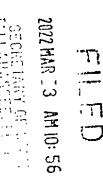
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) (Document Number) (Document Number) (Coty/State/Zip/Phone #) (Business Entity Name) (Coty/State/Zip/Phone #) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Cotyres Certificates of Status (Document Number) (Cotyres Certificates of Status (Cotyres Certificates of Status	
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
J.	HORNE	
MAI	R 1 6 2022	

Office Use Only



100382736441

03/03/22 +01010-+002 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Brushed Diamond Paradise Pools & Spa LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Hank Zion Mathew Name of Person
Brushed Diamond Paradise Pools & Spa LLC
11800 Caruso Drive
Clermont, FL 34711 City/State and Zip Code 7:00000000000000000000000000000000000
Zionnathewyz@amail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Hank Matthew at (407) 733 7382 Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brushed Diamond Paradise Pools & Spa LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on <u>D9 L</u>	1 2020 and assigned
Florida document number <u>L2000028554</u> 4		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	2022 F 35027 F
Platinum Paradise Po	OIS LLC	1 C" or the abherdiction " I C"
Enter new principal offices address, if applicable:	N A	CO DE PORTO
(Principal office address MUST BE A STREET ADDRESS)		0: 56
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>en</u>	ter the name of the new registered
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent: N A	Enter Florida street add	lress
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent: N A	Enter Florida street add	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent: N A	Enter Florida street ado	lress Florida

If Changing Registered Agent, Signature of New Registered 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
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
.14			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change

Page 2 of 3

	<u> </u>	<u>. </u>					_		_
		 .						<u>-</u>	_
	·							_	_
			-						_
							<u></u>		_
							<u>-</u>		_
									_
									_
									_
					·			<u>-</u>	-
				_					_
				·-					_
					·				_
								· · · · · ·	_
effective <u>e:</u> If the	date is listed, date inserte	than the dathe date must be din this blocker on the Department	e specific and of does not mo	cannot be prior cet the applic	able statutory f	or more than 90 iling requirem	(optional days after filin tents, this dat	l) g.) Pursuant to 60 e will not be lis)5.02 sted
ecord ne 90t	specifies a h day afte	a delayed e r the recor	ffective da d is filed.	ate, but no	t an effectiv	e time, at :	12:01 a.m	. on the earl	ier
ed	Mar	ch Is	<u>+</u> .	2022	<u>.</u>				
_		HEM	I No	Men	rized representa				
-		Si	fnature of a m	ember or author	rized representa	tive of a membe	er		

Page 3 of 3