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## **COVER LETTER**

TO: Registration Se Division of Cor			
Platinum Fl	looring. LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryce Hodgins		
		Name of Person	
		Firm/Company	
	2785 Kissimmee Park Roa	d	
		Address	
	St. Cloud, Florida 34772		
		City/State and Zip Code	
	bryce8359@yahoo.com	to be used for future annual report no	elf-ation\
For further information c	e-mail address: ( concerning this matter, please c		(incarott)
Bryce Hodgins		407 791-8420 at ()	
Name o	of Person	Area Code Daytir	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		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632			
Registration : Division of C	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	(additional copy is enclosed ection orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Platinum Flooring, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/29/2020	and assigned
lorida document number L20000307559		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
Iometown Properties, LLC		
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		~
		<u> </u>
		<del>,</del>
nter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
		$\sim 100$
<ol> <li>If amending the registered agent and/or registered offic gent and/or the new registered office address here:</li> </ol>	e address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Florida	Zip Code
	Cin	EDCOUC

## 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			🖸 Add
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			□Change
			DAdd
			□Remove

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Filing Fee: \$25.00