L21000140978

(Requestor's Name)
(Address)
(1001055)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900375042159

10/18/21--01029--019 **25.00



A. BUTLER

OCT 27 2021

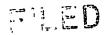
COVER LETTER

TO:		istration Sect Islon of Corp			•	•		
SUBJE	ΥТ.	Platinum Inve	estments Unlimited LLC		12	4		
SUDJE	.C.I.							
			mendment and fee(s) are sub-	-				
i icase i	Clusti	an correspon	delice concerning this matter	to the following.				
			Dyani Ogletree					
				Name of Person				
			Platinum Investments Unli	mited LLC				
				Firm/Company				
			401 E. Jackson St. Suite 23	340				
				Address				
			Tampa, FL 33602					
			City/State and Zip Code dyani.ogletree@platinuminvestu.com					
								
For fur	ther in	oformation cor	ncerning this matter, please co	all:				
Dyani (Oglet	ree		813 796	-5144			
		Name of I	Person	Area Code	Daytime Teleph	one Number		
Enclose	ed is a	check for the	following amount:					
	5.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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



Platinum Investments Unlimited LLC

2021 OCT 18 PM 2: 37

	ny as it now appears on our reco	ייי פידעבר יייי
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company) SEC	ALTANASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 3-25-2021	and assigned
Florida document number L210000140978		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "Li	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	401 E. Jackson St. Suite 2340 Tampa, FL 33602	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	401 E. Jackson St. Suite 234)
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33602	
	iddress on our records, enti	er the name of the new res
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new reg
3. If amending the registered agent and/or registered office a sent and/or the new registered office address here:	nddress on our records, <u>ent</u>	er the name of the new reg
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>ent</u>	er the name of the new reg
3. If amending the registered agent and/or registered office a sent and/or the new registered office address here:	nddress on our records, <u>ente</u> Enter Florida street add	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	Enser Florida strees addi	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Dyani Ogletree	401 E. Jackson St. Suite 2340	□Add
		Tampa, FL 33602	Remove
			□Change
AMBR	Dyani Ogletree	401 E. Jackson St. Suite 2340	Add
		Tampa, FL 33602	□Remove
		 	□Change
<u>_</u>			□Add
			□Remove
			Change
			□Add
			□Remove
		4	□Change
			□Add
			□Remove
			□Remove
			Change

_	
_	
_	
-	
_	
_	
ective	e date, if other than the date of filing: (optional) tive 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 605.020
te: If	tive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	it's effective date on the Department of State's records.
	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
s filæ	L.
16	0/15/2021
ted	$\mathcal{O}(\mathcal{A})$
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00