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COVER LETTER

TO:	Registration Se Division of Cor			
	Platinum Fi	•		
SUBJ	ЕСТ:		5 17 17 17 A	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jared Jo		
			Name of Person	
		Platinum Filters LLC		
		······································	Firm/Company	
		9915 SW 35 TERRACE		
			Address	
		MIAMI, FL33165		
		platinumairgroup@gmail.α	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication)
For fur	rther information co	oncerning this matter, please ca	all:	
Jared .	Jo		786 942-2509	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$ 2	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Platinum Filters LLC 2-18-7 PH 5/2 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L21000437275 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Platinum Air Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
VP	Jochy Jo	9915 SW 35 TERRACE, Miami, Fl 33165	■ Add
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			□ Add
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