# 121000515006

(Re	equestor's Name)	<del></del>
(Ad	ldress)	<del>-</del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





300379602153

01/14/22--01015--005 \*\*25.00

SER MAJ PRISA

O SIMMONS FEB 0 1 2022



## RECEIVED

2022 JAN 31 PM 1: 36

SECRETARY OF STATE TALLAHASSEE, FL

Division of Corporations

January 23, 2022

LEVERT JACKSON 2221 SW FT. KING ST OCALA, FL 34471

SUBJECT: PLATINUM PLUS TRUCKING AND TRANSPORTATION LLC

Ref. Number: L21000515006

We have received your document for PLATINUM PLUS TRUCKING AND TRANSPORTATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 022A00001764

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Platinon Plus Trucking and Transportation 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:
Levert Jukson Name of Person
Platinum Plus Trucking and Transportation LLC Firm/Company
2221 S.W. FORT King ST Address
Ocala, FL 34471 City/State and Zip Code
Platinum Pt and to grant, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diamene Chavers at (404) 964 0506  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &  Certified Copy (additional copy is enclosed) 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

FIL	ED
2022 JAN 31	PM 12.

Philippin plus To	severing and	Trunspering	12:34
(Name of the Limited Liab (A Flori	ility Company as it now ap da Limited Liability Compan	pears on our records 1y)	ALLATIAN OF STATE
The Articles of Organization for this Limited Liability	Company were filed on	December	6, 2021 and assigned
Florida document number <u>L Z 1000 515000</u>	<u>~</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	<u>y here</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," t	he designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		ır records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:		Florida street address	
	r.nter	r wraa sireet aaaress	
	City	, Flo	rida Zip Code
	Citi		#2150 C1944C

## 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 are an 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
MGR	Levert Vachson	2221 SW FORT King ST Ocala FL, 34471	XAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u></u>			□Adđ
			□Remove
			Change
<del></del>			□Add
			□Remove
			Change
		<del></del>	🗆 Add
			□Remove
			CChange
		<del></del>	□Add
			□Remove
			□Change



_	
_	
_	······································
_	
-	
_	
_	
_	
_	
_	
_	
_	
in effe <u>ote:</u> l	re date, if other than the date of filing:
cume	it's cricetive date on the Department of State's records.
ecord is file	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 d.
ited _	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member