

L220000156714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

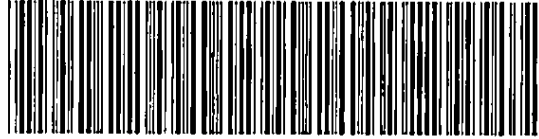
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 APR 25 PM 4:15

PROFESSIONAL  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 APR 25 PM 4:15

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160 AMOUNT: \$60.00

AUTHORIZATION SIGNATURE: James Guller

550 TR PLATINUM LLC L22000156714  
BUSINESS DOCUMENT #

     Pick up time         

     Mail out

     Will wait

     Photocopy

  X   Certified Copy of Articles

  X   Certificate of Status

**NEW FILINGS**

     Profit  
     Not for Profit  
     Limited Liability  
     Domestication  
     Other  
     **CORP**

**AMENDMENTS**

  X   Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Merger  
     **Conversion**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement

     APOSTILL( ) Country:      Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160 AMOUNT: \$60.00

AUTHORIZATION SIGNATURE: James L. Lutz

550 TR PLATINUM LLC L22000156714  
BUSINESS DOCUMENT #

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles**

☒ **Certificate of Status**

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☐ Reinstatement

☐ APOSTILL( ) Country: ☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 550 TR PLATINUM 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:

Robert Singer

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

541 Avellino Isles Circle Unit 30201

\_\_\_\_\_  
Address

NAPLES, FL 34119

\_\_\_\_\_  
City/State and Zip Code

cap@dynamically.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rogert Singer

754

888-9282

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

550 TR PLATINUM 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 were filed on APRIL 13, 2022 and assigned  
Florida document number L22000156714

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MASTER GOLD LLC	550 NE 82ND TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CORY GOLD LLC	550 NE 82ND TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BRACHA GOLD LLC	550 NE 82ND TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Hello dear reviewer. each MGR should have "LLC" affixed, as they are names of LLC, not individual names.

Thank you kindly,

2022 APR 25 11:01 AM  
CLERK

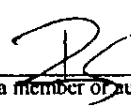
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 25, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert Singer

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**