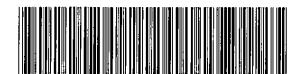


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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

cobumreal	estatellc			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	*Amendment and fee(s) are sul	omitted for filing.		
	ondence concerning this matter	-		
	Tristan Coburn			
		Name of Person	***	
	Cobumrealestatelic			
		Firm/Company		
	1311 Iowa Ave			
		Address		
	Lynn Haven / Florida / 32	444		
		City/State and Zip Code		
	platinumcompassinvest@g			
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Tristan Cobum		740 612-9964		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	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 Address		Street Address:		
Registration Section Division of Corporations		Registration Section		
P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cobumrealestatellc		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Jability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 09/19/2022	and assigned
lorida document number L22000407247		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
latinum Compass Investments LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" o	the abbreviation "L.L.C."
inter new principal offices address, if applicable:	1311 Iowa Ave	
Principal office address MUST BE A STREET ADDRESS)	Lynn Haven, FI 32444	20
The state of the s		21,
	•	
nter new mailing address, if applicable:	same as above	28
Mailing address MAY BE A POST OFFICE BOX		the abbreviation "L.L.C.  2021,
Mauing address MAT BE A FOST OFFICE BOX	<del>-</del>	
		<del></del>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>enter th</u>	name of the new regi
	Enter Florida street address	
	Flori	da
	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

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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific s block does no	and cannot be prion of meet the appl	icable statutory fil	more than 90 days aft	tional) er filing.) Pursuant to 6 nis date will not be l	505.020 isted as
e record specifies a delayed efferd is filed.	ctive date, but	not an effective	time, at 12:01 a.m	. on the earlier of: (	(b) The 90th day at	fter the
		2024				

Tristan Coburn