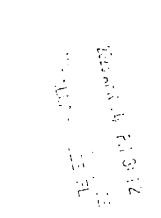
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration S Division of Co			
S(10 107		M 355 LLC		
SUBJEC	<u>. </u>		nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		DONALD SHATI		
			Name of Person	
		PLATINUM 355 LLC		
			Firm/Company	
		11873 OLDE OAKS CT S	3	
			Address	
	(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			
	fication)			
For furth	er information (concerning this matter, please c	to be used for future annual report noti all:	
DÓNAL	D SHATI		904 8941116 at ()	
Name of Person			e Telephone Number	
Enclosed	l 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassec e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATINUM 355 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 $\frac{3-3-2023}{2}$ and assigned Florida document number <u>L23000112544</u>. 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 "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.

_. Florida

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>	Address	Type of Action
AMBR	DONALD SHATI	11873 OLDE OAKS CT S. JACKSONVILLE, FL.	322. 国 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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			Change
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	han the date of Clina	•	(antia	
ffective date is listed, the	han the date of filing:e date must be specific and cannot be	prior to date of filing or me		iling.) Pursuant to 605
	in this block does not meet the a on the Department of State's rec		g requirements, this	date will not be liste
ord specifies a delayed filed.	d effective date, but not an effect	ive time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after
med.				
d 03-02-6	1063			
		·		
	DONALD SHA	\TI		
	Signature of a member of	aumorized representative	of a member	