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04/17/23--01018--022 **25.00

COVER LETTER

TO: Registration Solution of Col			
A	JM GROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	r to the following:	
	RONEY DELGADO		
		Name of Person	 _
	PLATINIUM GROUP LL	c	
		Firm/Company	
	14221 SW 96TH TERRA	CE	
		Address	
	MIAMI, FL 33186		- 1
		City/State and Zip Code	
	platiniumgrouplle@gmail.c		<u> </u>
		(to be used for future annual report notification)	
For turner information (concerning this matter, please o	can:	
RONEY DELGADO		305 354-6834 at ()	
Name o	of Person	Area Code Daytime Telepho	one Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Section	
Division of C		Division of Corporatio	ns
P.O. Box 632	27	The Centre of Tallahas	see
Tallahassee,	FL 32314	2415 N. Monroe Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATINIUM GROUP LLC	_	<u>,</u>	
(Name of the Limi	ted Liability Cor (A Florida Limit	mpany as it now appears on our record Liability Company)	<u>ords.</u>)
e Articles of Organization for this Limited Lorida document number	iability Compa	any were filed on 04/04/2023	and assigned
s amendment is submitted to amend the following	owing:		
If amending name, enter the new name o	f the limited l	iability company here:	
١			
new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "L	LLC" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:	N/A	
incipal office address MUST BE A STREE	ET ADDRESS	1	
ter new mailing address, if applicable:		N/A	
uiling address MAY BE A POST OFFICE	BOX)		
If amending the registered agent and/or ent and/or the new registered office addro	registered offi	ice address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida street ad	
		,	Florida 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 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
AMBR	RONEY DELGADO	14221 SW 96TH TER MIAMI, FL 33186	\ = Add
			□Remove
			□Change
MGR	JESSIMAR DE VICENTE DE DEI	14221 SW 96TH TER MIAMI, FL 33186	= Add
			□Remove
			Change
-		···	
			ယ္ OChange
			□Add
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Typed or printed name of signee