

8/16/23, 3:41 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000381059

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To:

Division of Corporations
 Fax Number : (850)617-6333

From:

Account Name : CORPAG REGISTERED AGENTS (USA), INC.
 Account Number : 120220000185
 Phone : (305)358-7872
 Fax Number : (305)402-3898

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PALATINUM MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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2023 AUG 16 AM 8:49

 APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Aug 7 2023

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALATINUM MANAGEMENT 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:

ANDREA GONZALEZ

Name of Person

CORPAG REGISTERED AGENTS (USA), INC.

Firm/Company

800 BRICKELL AVE. SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

MIASERVICES@CORPAG.COM

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA GONZALEZ

305 358-7872
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

PALATINUM MANAGEMENT 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 08/14/2023 and assigned
Florida document number L23000381059.

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

City, Florida

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CLERK OF THE
SOLICITOR GENERAL'S
OFFICE
TALLAHASSEE, FLORIDA

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	CAMILA CHAMY JACOB	Augusto Ovalle N 1330, depto 902	<input checked="" type="checkbox"/> Add
		Providencia, Santiago, Chile.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRISTOBAL CHAMY JACOB	Augusto Ovalle N 1330, depto 902	<input checked="" type="checkbox"/> Add
		Providencia, Santiago, Chile.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLAS R CHAMY JACOB	Augusto Ovalle N 1330, depto 902	<input checked="" type="checkbox"/> Add
		Providencia, Santiago, Chile.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIEGO A CHAMY PUJADAS	Orinoco N 65, depto. 1206	<input checked="" type="checkbox"/> Add
		Las Condes, Santiago, Chile.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODRIGO CHAMY PUJADAS	Av. Simon Bolivar N 2543, depto. 52	<input checked="" type="checkbox"/> Add
		Nunoa, Santiago, Chile.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**