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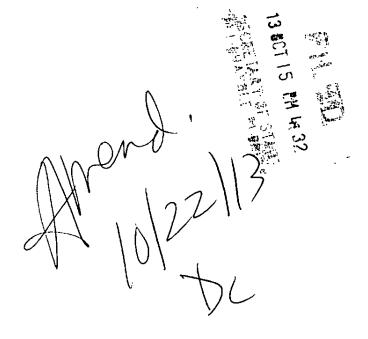
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## **COVER LETTER**

NAME OF CORPORATION: Patinium Lexi Rosis, Inc.  DOCUMENT NUMBER: P130000 63501	- -			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Adriana Devis  Name of Contact Person  Platinium Lexi Rosis, Inc  Firm/Company  1602 Atton Road #602  Address  Miamy FL 33/39  City/State and Zip Code  Gababasa Col Com  E-mail address: (to be used for future annual report notification)	<del></del>			
For further information concerning this matter, please call:				
Name of Contact Person  Area Code & Daytime Telephone No.	<u>)</u>			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)	•			

**TO:** Amendment Section

Division of Corporations

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## **Articles of Incorporation**

	of	_	
Platinium	Lexi R	osis. In	
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)	
P 1300	0063501	•	
(Document Nu	imber of Corporation (if	known)	<del>, , , , , , , , , , , , , , , , , , , </del>
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
	n//A		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	o". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		N/A	4
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		m/v	13 <b>8</b> CT 15
D. If amending the registered agent and/or new registered agent and/or the new res		ss in Florida, enter the na	ame of the
Name of New Registered Agent	N/1	4	32
	(Florida stree	et address)	
New Registered Office Address:	( )	Florid	in.
New Registerea Office Address.	(City)	, гюпо	a (Zip Code)
New Registered Agent's Signature, if chans I hereby accept the appointment as registered	zing Registered Agent; Tagent. I am familiar wi W   H ure of New Registered Ag		ons of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe			
X Remove	V Mike Jones			
X Add	SV Sally Smith			
Type of Action (Check One)	Title Nan		Address	
1) Change	<u> </u>	Adriana Davis	1602 A Horn Road	
Add			Mismi, FL 33139	•
Remove				
2) Change Add	<u>3</u> (	Grea Davis	Migmi FL 331	602 39
Remove				
3) Change	<del></del>			
Add				
Remove		•		•
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Remove				
6) Change				
Add				
Remove				

Attach <i>additional she</i>	eets, if necessary). (I	s, enter change(s) here:  Be specific)	
		NIA	
		* ( <del>V</del>	
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		•	·
an amendment pro	ovides for an exchang	ee, reclassification, or cancellatinent if not contained in the ame	on of issued shares,
if not applicabl	ementing the amenum le, indicate N/A)	nent if not contained in the ame	nament itself;
	,	N/A	
		<u> </u>	
	<del></del>		

The date of each amendment(s) adoption:	7/30/13	, if other than th
date this document was signed.  Effective date if applicable:	(no more than 90 days after amendment file date)	· ——
Adoption of Amendment(s) ( <u>CH</u>	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(sapproval.	)
	e shareholders through voting groups. The following stateme g group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval	
by	ting group)	
(vot	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholde	r ·
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
DatedSignature		
(By director, presi	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other courty by that fiduciary)	t
Cla	(Typed or printed name of person signing)	
	Pres	
	(Title of person signing)	