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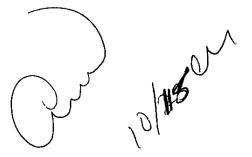
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	rion: Phtinic	im Rosis i	Lexi, Inc
DOCUMENT NUMBER	PIZA	00067603	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	·
	1602 Alton	Name of Contact Person Rosis Lexi Firm/ Company Address FL City/ State and Zip Code and Code of future annual report	Inc
	E-mail address: (to be use	ed for future annual report	notification)
For further information co	oncerning this matter, please	e call:	
Adric No Name of C	Contact Person	at (786 Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailino	Address	Street	Address

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

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

Articles of Amendment

to

Articles of Incorporation

of	.	
Platinium Rasis La	exi, Inc	
(Name of Corporation as currently filed with the Fl		
<u> </u>		
(Document Number of Corporation (if	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:	$I_{1\Delta}$	
name must be distinguishable and contain the word "corporation	The new	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covered "chartered," "professional association," or the abbreviation "Lord".	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		•
C. Enter new mailing address, if applicable:	W/M = = =	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		٠.
D. If amonding the project and amond and decomposition of a first state of the second	<u>ω</u>	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent	NIA	
Nume of New Registered Agent		
(Florida stre	eet address)	
,	•	
New Registered Office Address: (City)	, Florida (Zip Code)	
·		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accent the obligations of the position	
At L	A	
Signature of New Registered A	Ment. if changing	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PST	Adriana Devis	1602 Alton Road #603
Add			Micmi, FL 33139
Remove			
2) Change Add	<u>P</u>	Clara S. Romano De Feo	1602 Alton Rd #602 Migmi FL 33135
Remove			THE TOTAL
3) Change	ろ	Devid Gardoqui	1602 41ton Rd #602
× Add			Miami FL 3313C
Remove			
4)Change	T	Silvia Romano	1602 Alton Rd #602
<u></u> ★ Add			Miami, FL 33139
Remove			
5) Change Add	VP	Grea Devis	160x Alton Road #602 Migmi, Fi 33135
Remove			
			1
6) Change			
Add			
Remove			

tach additional	sheets, if necessary). (Be	,		
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<u>n amenument</u> ovisions for im	provides for an exchange, plementing the amendmen	<u>reciassification,</u> it if not containe	<u>or cancellation of iss</u> d in the amendment	ued snares, itself:
(if not applice	ble; indicate N/A)			•
	\mathcal{N}	LA		
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	8 •			
	<u> </u>			

The date of each amendment(s) adoption:date this document was signed.	8/13	2013		_, if other than the
Effective date if applicable:	8 3 (no more than 90 d	2013 Tys after amendment fi	ile date)	
1	(no more inan 30 a	ys after amenament fi	ie aaie)	
Adoption of Amendment(s) (CHE	CK ONE)			
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	narcholders. The nu proval.	umber of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gr				
"The number of votes cast for the amenda		* -		
by				
(volin	ng group)			
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors wit	thout shareholder action	n and shareholder	
☐ The amendment(s) was/were adopted by the ineaction was not required.	corporators without	shareholder action and	d shareholder	
Dated				
Signature	~			
(By a director, preside		- if directors or officer		_
selected, by an incorp appointed fiduciary b		ands of a receiver, trust	ee, or other court	
Clara	5 Rom	na No De ted name of person sign	Feo	
	(Typed or print	ted name of person sign	ning)	
	PRS	.5		

(Title of person signing)