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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Platinum Pr		ent & Realty, Inc.				
DOCUMENT NUMBER: P1400000704	7					
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Mellissa Herkert						
	Name of Contact Person	1				
Platinum Property	y Management 8	& Realty, Inc.				
	Firm/ Company					
1075 NW Broken	1075 NW Broken Sound Parkway Suite 103					
	Address					
Boca Raton, FL 3	33487					
	City/ State and Zip Code	e				
Mellissa@PlatinumF	L.com					
E-mail address: (to be us	sed for future annual report	notification)				
For further information concerning this matter, pleas	se call:					
Mellissa Herkert	_{at (} 561	9105793				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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14))	, .	٠.	

Platinum Property Management & Realty, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000007047

(Document Number of Corporation (if known)

mendment(s) to

	e corporation:		
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co". A profess.	or "incorpoi ional corpora	The rated" or the abbrevia tion name must contain
. Enter new principal office address, if applic Principal office address MUST BE A STREET			
	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX		
		~	<u> </u>
. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in Florida, e	enter the nam	e of the
	(Florida street address)		
New Registered Office Address:		, Florida_	
New Registered Office Address:	(City)	, Florida_	(Zip Code)

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.

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)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	P	Steve Lippman	1075 NW Broken Sound			
Add			Parkway Ste 103			
Remove			Boca Raton FL 33487			
2) Change	VP	Mellissa Herkert	1075 NW Broken Sound			
Add			Parkway Ste 103			
Remove			Boca Raton FL 33487			
3) Change						
Add						
_ Remove			·			
4) Change						
Add						
Remove						
5) Change			- Mari			
Add						
Remove						
6) Change	<u></u>					
Add						
Remove						

	is, y necessary).	(Be specific)			
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			tion, or cancellatio	on of issued share	S.
f an amendment pro	vides for an excl	nange, r <u>eciassific</u> ai			<u>54</u>
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f an amendment pro provisions for imple (if not applicable	menting the ame	endment if not con	tained in the amer	idment itself:	<u>~</u>
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provisions for imple	menting the ame	endment if not con	tained in the amer	ndment itself:	

The date of each amendmen date this document was signed		, if other than
Effective date if applicable:	5/30/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	25	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated <u> </u>	5/30/14	
Signature _	Kleen	
_ (1	y a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	

the