

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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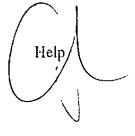
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		Division of Corporations	2
		Fax Number : (850)617-6380	(r
	<b>5</b>		
<u></u>	From:	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	(11) <u>(n</u>
1:27		Account Number : I2000000146	_
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20	**Enter	the email address for this business entity to be used for f	uture *
2022 SEP	an	nual report mailings. Enter only one email address please.**	
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN PLATINUM PLUS PRODUCTIONS CORP

Certificate of Status	0
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From: Yanet Avila

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## Articles of Amendment to Articles of Incorporation of

PLATINUM PLUS PRODUCTIONS CORP	41	filed with the Florida Dep	et of State)	
	poration as currently	theu with the Fishing Dep	a or bacco	
18000068769	(December of	Corporation (if known)		
	•			
tursuant to the provisions of section 607.1006, as Articles of Incorporation:	Florida Statutes, this I	Aorida Profit Corporation t	idopts the following amendm	cnt(s) to
L. If amending name, enter the new name o	f the corporation:		75	
name must be distinguishable and contain the w	J. Harry and the H. H.	omnowy " or "incorporated	The. newThe new	ŽQZ
name must be distinguishable and contain the w "Inc.," or Co" or the designation "Corp,' "chartered," "professional association," or th	"Inc," or "Co". A	projessionai corporation	name must contain the wor	2 SEP
		N/A	in.	~
3. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>	<u>plicable:</u> ET ADDRESS )		<u>ن</u> ن.د	0 ≥
			177	AH II: 29
				2
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e: ICR ROX)	N/A	·	•
(Malling address MAI BE A FOST OFT)	CL DON			
				-
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		in Warida anter the p	ome of the	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address	ress in Piorida, enter the in	and of my	
N/A		_		
Name of New Registered Agent				
	(Florida sti	reet address)		
New Registered Office Address:			, Florida	-
		(City)	(Zip Code)	
New Registered Agent's Signature, if chang I herehy accept the appointment as registered	ging Registered Agent	<u>u:</u> with and accept the obligati	ions of the position.	
Thereay accept the appointment as egginer on	-6	•	•	
	Signature of New I	Registered Agent, if changin	g	
	<b>.</b>			
Check if applicable		(e) FS		
☐ The amendment(s) is/are being filed pursu	ER 10 5. 007.0140 (11)	(0), 1.0.		

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 Iones		· · · · · · · · · · · · · · · · · · ·	
_X Add	<u>\$</u> Y	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address	41.75 14.75	7
1) Change	P	JAVIER REYES ALVARADO	3785 NW 82 AVE SUIT	rB2Ü⊆.	
X Add			DORAL FL 33166	713.	
Remove			<u> </u>		
2) Change	P	DAGMARA DOMINGUEZ	3785 NW 82 AVE SUIT		
Add			DORAL FL 33166		
X Remove 3) Change	<u>v</u>	DAGMARA DOMINGUEZ	3785 NW 82 AVE SUIT	TE 2!1	
X Add			DORAL FL 33166		
Remove	v	FLOR ANGEL ARRIAGA	2795 NIN 92 AVIL CYES	PE 211	
4) Change	·	FLOR ANGEL ARRIAGA	3785 NW 82 AVE SUF		
Add X			DORAL FL 33166		
Remove  5) Change	Т	FLOR ANGEL ARRIAGA	3785 NW 82 AVE SUIT	 ΓΕ 211	
X Add			DORAL FT. 33166		
Remove					
6) Change			<del></del>		
Add					
Remove					

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)		
N/A			
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F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,		
provisions for implementing the amo	endment if not contained in the amendment itself:		
(If not applicable, indicate N/A)			
N/A			_
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	SEPTEMBER 14, 2022	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
SE	PTEMBER 14,2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were as by the shateholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	2022
must be separately provided fo	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	2022 SEP 20 AM
by	st for the amendment(s) was/were sufficient for approval	AMII: 2
o <sub>)</sub>	(voting group)	
SEPTEM Dated Signature	BUR 74,2000	<u>'</u>
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if it the hands of a receiver, trustee, or other court need fiduciary by that fiduciary	
	DAGMARA DOMINGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Tide of person signing)	