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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $ \mathbb{P} \mathfrak{a}$	trium Assessments Inc.
DOCUMENT NUMBER:	18000069637
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
17.1	1 10115
<u> </u>	Hryn Wells Name of Contact Person
Dia	tinum Assassments Firm/Company
	Firm/ Company
	Hillock Ave NW
_	Audicss
<u>tal</u>	M Bay FL 32907 City/State and Zip Code
	•
offic	e @ assessf1. com be used for future annual report notification)
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	please call:
Kathry Wells	at (301) 890 - 0138 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount i	nade payable to the Florida Department of State:
\$35 Filing Fee	e & \$\int_{\text{\$43.75 Filing Fee}} & \text{\$S52.50 Filing Fee} \\ \text{\$Certified Copy} & \$Certified Copy & \$Certi
Mailing Address Amendment Section	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 ananassec. 1 12 J 23 14	Tailahassee, FL 32303

Articles of Amendment fo Articles of Incorporation

Platinum Assessments Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P (8 0 00 0 G/6 37) (Document Number of Corporation (if known)
(Document Number of Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation;
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
[_] ::
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
117 Hillock Ave NW (Florida street address)
\mathcal{D}_{a} , \mathcal{Q}_{a} , \mathcal{Q}_{a}
New Registered Office Address: YOM DOY Florida 34901 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
r негеоу иссерстве арринитені их registerea agent 1 am jamutar with and accept the omigations of the position.
Signature of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607 (0120 (11) (e) F.S.

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	<u>John Doe</u>	
X Remove	<u>~</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\underline{\vee}$	William J Wells	2160 N Highway 41A #405 Indiabatic FL 32903
Add			hdialante FL 32903
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Ađd			
Remove			

ttach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) ador	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendme	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this bloc document's effective date on the Depart	c does not meet the applicable statutory filing tement of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors with	nout shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes east ient for approval.	for the amendment(s)
	red by the shareholders through voting groups. It is voting group entitled to vote separately on the	
"The number of votes east for	the amendment(s) was/were sufficient for appro	val
by	(voting group)	
	(voting group)	
Dated_	3.2020_ Lwells—	
Signature	Livella-	
(By a direc	tor, president or other officer - if directors or of	
	y an incorporator – if in the hands of a receiver,	trustee, or other court
арропнеа	fiduciary by that fiduciary)	
	Kathryn Wells (Typed Sprimed name of person signin	
	(Typed primed name of person signing)	g)
	President	
	(Title of person signing)	