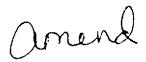
## P21000037467

(Requestor's Name)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: C.I.PLATINUN G.	LOBAL GROUP INC	<u> </u>		
DOCUMENT NUM	BER: P21000037467				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	GEORGE C DAHL				
	Name of Contact Person				
	Firm/ Company				
	2366 brewerton lane				
		Address	*		
	12250 MENTA ST. SUITE 105				
		City/ State and Zip Code	:		
	rgbookkeeping@aol.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
GEORGE C DAHL		at ( 321	353-1175		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

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C.I.PLATINUN GLOBAL GROUP INC

(N		
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)
21000037467		- 1
(Document Numb	er of Corporation (if knows	1)
rsuant to the provisions of section 607.1006, Florida Statutes, t Articles of Incorporation:	this <i>Florida Profit Corpora</i>	tion adopts the following amendmen
If amending name, enter the new name of the corporation	<u>ı:</u>	
		The new
me must be distinguishable and contain the word "corporation, nc.," or Co.," or the designation "Corp," "Inc," or "Co" hartered," "professional association," or the abbreviation "P	. A professional corpora	
Enter new principal office address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		1.11.77
		<u></u>
If amending the registered agent and/or registered office a	address in Florida, enter t	he name of the
new registered agent and/or the new registered office add		ne name vi tne
Name of Nam Provisional Least		
Name of New Registered Agent		
		<del></del>
(Florid	a street address)	<del></del>
(Floridan) New Registered Office Address:	a street address) (City)	. Florida

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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	Name	<u>Addres</u> s	
1) Change	P	JULIETH D TOTTRS GOMEZ	13920 LANDSTAR STE # 61	
Add			ORLANDO, FL 32824	
Remove 2) Change	P	LEONARDO A . CASTRO ORTEG.	13920 LSNDSTAR STE #61	
X Add			ORLANDO, FL. 32824	
Remove 3) Change				
Add				
Remove 4) Change				
Add				
Remove 5) Change				
Add				
Remove 6) Change				
Add				
Remove				

	ets, if necessary).	(Be specific)	ge(s) here:			
					·	
			- <del></del>			
<del> </del>						-
				. <u></u>		
		-				
		<del> </del>		<del></del> -		
f an amendment pro	vides for an exch	ange, reclassific	ation, or cancel	lation of issued s	hares,	
provisions for imple (if not applicable	menting the ame or indicate N/A)	ndment if not co	ontained in the a	imendment itself	<u>:</u>	
(y	,,					
			•			
		<b></b>			<u></u>	

The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in the document's effective date on the		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through voting for each voting group entitled to vote separate	
"The number of votes of	ast for the amendment(s) was/were sufficie	nt for approval
by		
	(voting group)	
12/27/2 Dated	021	
Signature	Juliste Honey Gonz	
(By sele	a director, president or other officer = if directed, by an incorporator - if in the hands of	a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)	
	JULIETH D. TORRES GOMEZ	
	(Typed or printed name of p	erson signing)
	CURRENT PRESIDENT	
	(Title of person signing)	