P24000036072

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COVER LETTER

TO: Amendment Section Division of Corporations			v		
NAME OF CORPORATION: _ DOCUMENT NUMBER:	Blink P2400	Business	Capital Inc.		
DUCUMENT NUMBER:	- 1	0-00-2			
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing.			
Please return all correspondence of	concerning this man	tter to the following:			
Ke	y West,	FL, 33040 City/ State and Zip Cod	anno (apital Inc. , Suite 101 de (s) Capital. Com i notification)		
For further information concerning	g this matter, pleas	se call:			
Augustus A. Musmanno at 305 509 - 3609 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the follow	ring amount made	payable to the Florida Dep	partment of State:		
\$35 Filing Fee \$\$43 Cert	.75 Filing Fee & ificate of Status	□\$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addre	SS	Street	Address		
	Mailing Address Amendment Section Street Address Amendment Section				
Division of Corporations		Division of Corporations			
P.O. Box 6327		The C	Centre of Tallahassee		
Tallahassee, FL	32314	2415	N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Blink Business Capit	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P24000036072	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	es. this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
Platinum Business C.	apital Inc. The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word 1 "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 off new registered agent and/or the new registered office	
Name of New Registered Agent	
(P)	lorida street address)
New Registered Office Address:	Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	amiliar with and accept the obligations of the position.
Signature e	of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c), F.S.

). (Be specific)		
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er	,	11. (1. 61. 1.	•
f an amendment provides for an ex provisions for implementing the ar	conange, reclassification	or cancellation of issued	snares,
(if not applicable, indicate N/A)	aciument a not contam	ed in the amendment user	<u>ı.</u>
(g not approxime, material 1911)			
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