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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	of Status
		
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
Airbnpristi	ne llc		
SUBJECT:	Pristine llc Name of Limited Liability Company as of Amendment and fee(s) are submitted for filing. Prespondence concerning this matter to the following: Marc Buban Name of Person Airbnpristine Firm/Company 314 sw 11th st Address fort lauderdale, fl 33315 City/State and Zip Code sboarding@yahoo.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (1) 783-9329 at (2) Duytime Telephone Number for the following amount:		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Marc Buban		
	·	Name of Person	
	Aironpristine		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	314 sw 11th st		
	······································	Address	·
	fort lauderdale, fl 33315		
		City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information of		·	
Marc Buban			
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECEIVED

Airbnpristine, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Liability Company)	
y were filed on May 15, 2017	and assigned
bility company here:	
nility Company," the designation "LLC	or the abbreviation "LEC."
	<u> </u>
	30 22° 20 ≥ 1
PO Box 14121	0; 6; ·-
Fort Lauderdale, FL	- 6
33302	
Enter Florida street addres	s, enter the name of the new
	bility company here: bility Company," the designation "LLC PO Box 14121 Fort Lauderdale, FL 33302 bility Company," the designation "LLC PO Box 14121 Fort Lauderdale, FL Company here: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	<u></u>		
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ective date, if other than the d n effective date is listed, the date must be te: If the date inserted in this bloc current's effective date on the Dep	se specific and cannot be p it does not meet the ap	plicable statutory	or more than 90 days aff filing requirements, the	his date will not be	o 605.020 e listed a
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M 160	2018	·			
ted May 15th	<u></u>				

Page 3 of 3

Filing Fee: \$25.00