## L10000079646

(Re	equestor's Name	)		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ry/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Na	ime)		
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to	Filing Officer:			



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J. BRYAN

JAN 3 0 2012

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2012

MONIQUE COHEN PRISTINE MAIDS, LLC PO BOX 161 CRESTVIEW, FL 32536

SUBJECT: PRISTINE MAIDS, LLC

Ref. Number: L10000079646



We have received your document for PRISTINE MAIDS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 312A00000476

## **COVER LETTER**

TO: Registration Division of C	a Section Corporations '			
SUBJECT:	Pristir	Pristine Maids, LLC		
SUBJECT.		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
		Monique Cohen Name of Person	·····	
		Name of Person	•	
		Pristine Maids, LLC	TAIR TAIR	
		Firm/Company	CRE LA	
		PO Box 161	TALLAH ASSEE.	
		Address	門吳王	
		Crestview, FL 32536	T MIN: 54	
		City/State and Zip Code	gr F	
	cleanin	g@pristinemaidsflorida.com (to be used for future annual report notifi	l contion)	
m e a ce		•	(Carlott)	
rof further informatio	on concerning this matter, please	caii:		
	Monique Cohen	at ( 850 )	319-5301	
Nam	ne of Person	Area Code & Daytime	e Telephone Number	
Enclosed is a check for	or the following amount:			
<b>✓</b> \$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)	
Reg	ILING ADDRESS: distration Section distinct of Corporations	STREET/COURI Registration Section	n	
P.O.	. Box 6327	Division of Corporations Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314		2001 Executive Ce	inci Circie	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pristin	ne Maids, LLC				
(Name of the Limited Liability ( (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)	,		
The Articles of Organization for this Limited Liability Co.	mpany were filed on	07/28/2010	and assigned		
Florida document numberL10000079646	<u>-</u>	TALL	SECRETASS		
This amendment is submitted to amend the following:		7	12		
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	問書り		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation "L	LCP or the differentiation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	(SSS)				
Enter new mailing address, if applicable:	P O Box 161				
(Mailing address MAY BE A POST OFFICE BOX)	Crestview, F	Crestview, FL 32536			
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new		
New Registered Office Address:	Enter Florida street address				
***************************************	, Florida				
,	City		Zip Code		

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

- mil 🐧

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title Address Type of Action** Name MGRM Shanna D Lucas 3063 Auburn Rd ☐ Add Crestview FL 32539 ✓ Remove ☐ Add Remove Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Monique C Cohen

2012

January 1

Dated\_

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00