LIW0135908

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

`TO:

TO: Registration Sc Division of Cor	ection ; porations	2		
Pristine I	Property Mangement Ll	.C		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	•		
Please return all correspo	ondence concerning this matter	to the following:		
	Edward Miller Jr.			
		Name of Person		-
		Firm/Company	***	-
	9840 N.E. 2nd. Ave			
		Address		Fig. 🕏
	Miami Shore, FL 33	138		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	cation)	- 17
For further information of	oncerning this matter, please c	all:		
Edward Miller Jr.		305 400-4842		5.10 S
Name c	f 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)	Certified	te of Status &
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora		

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pristine Property Manager			
(Name of the Limi	ted Liability Compa (A Florida Limited	nv as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited E Florida document number L11000135908	iability Company	were filed on 12/01/2	2011 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of \mathbb{N} / \mathbb{A}			
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	9840 N.E. 2nd Ave.	
(Principal office address MUST BE A STREE	ET ADDRESS)	Miami Shores, FL 331	138
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o		9 5 92 2
Name of New Registered Agent:	Alekxey Sa	bido	
New Registered Office Address:	9840 N.E. 2	2nd Ave.	
then registered office radicase.		Enter Florida street add	
	Miami Shor	es , _I	Florida 33138 Zip Code
		Ciŋ:	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg	per and complete	performance of my duties.	and I am familiar with and

If Changing Registered Agent, Signature of New

Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I here

company has been notified in writing of this change.

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

* MGR = Manager

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> Address Name: MGR Edward Miller Jr. 9840 N.E. 2nd Ave. 🛢 Add Miami Shores, FL 33138 ☐ Remove Alekxey Sabido MGR 9840 N.E. 2nd. Ave 📕 Add Miami Shores, FL 33138 ☐ Remove _□ Remove Remove— ☐ Remove ____ Remove

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effective date must be specific, cann	not be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date must be specific, cannulate this document is filed by the Fl	not be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date must be specific, cannulate this document is filed by the Fl	not be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)
date this document is filed by the Fleed October 15	not be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)

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Filing Fee: \$25.00