

L120000045483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 AUG 19 AM 8:55  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
AUG 21 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pristine Properties of Yaulusia, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Slowinski  
Name of Person

Pristine Properties of Yaulusia  
Firm/Company

3959 S. Nova Rd. Suite #10  
Address

Doet Orange, FL 32127  
City/State and Zip Code

Julie Slowinski@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Slowinski at 386 527-10917  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED  
2013 AUG 19 AM 8:55  
CLERK OF STATE  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Pristine Properties of Yowusia, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/03/2012 and assigned  
Florida document number L12000045483

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Julie Robertson Slawinski  
3959 S. NOVA Rd Suite #110  
Enter Florida street address  
Port Orange, Florida 32127  
City Zip Code

**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 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.

Julie Robertson Slawinski  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
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mgrm	Julie B Robertson	3959 S. Nova Rd #110	<input type="checkbox"/> Add
		Port Orange, FL 32127	<input checked="" type="checkbox"/> Remove

mgrm	Julie B. Slawinski	3959 S. Nova Rd #110	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32127	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated \_\_\_\_\_, \_\_\_\_\_.

Julie Robertson Slowinski  
Signature of a member or authorized representative of a member

Julie Robertson Slowinski  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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