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2016 JAN 21 A II: 13 SECRETARY OF STATE CILLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:		Registration Section Division of Corporations						
Pristine Pressure Washing LLC								
Name of Limited Liability Company								
The enc	losed Article	s of A	mendment and fee(s) are sub-	nitted for filing.				
Please re	eturn all corr	espond	lence concerning this matter	to the following:				
			Robert Castillo					
				Name of Person				
				Firm/Company				
			29410 Crossland Dr					
				Address				
			Wesley Chapel, FL 33543					
			pristinepwwc@gmail.com	City/State and Zip Code				
			, ,	o be used for future annual report n	otification)			
For furtl	her informati	on con	cerning this matter, please ca	ill:				
Andrea Castillo		813 528-8499 at ( )						
	Na	me of P	erson		ime Telephone Number			
Enclose	d is a check	for the	following amount:					
\$25.	.00 Filing Fe	c	■ \$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)			
	Re Di P.	gistrati vision O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	ourations			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pristine Pressure Washing LLC				
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/11/2012	and accioned		
		and assigned		
Florida document number L12000049646				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
Pristine Pressure Washing & Home Repairs LLC				
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
maining address MAT DE AT OUT OF THE BOXY				
	•			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et address		
	ť	, Florida Zip Code		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my du vent as provided for in Chapte d office address, I hereby con	ties, and I am familiar with and r 605, F.S. Or, if this document is firm that the limited liability		
	If Changing Registered Agent, Sig			
	Page 1 of 3	Y OF S		

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
Mgr	Andrea Castillo	29410 Crossland Dr	■ Add
		Wesley Chapel, FL 33543	C n
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
		•	☐ Remove
			□ Change
			Remove
			CCRETARY OF STATE
			OF STATE Remove
		•	Change

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ective date, if other than the date of fills	ing: 2/1/2016 and cannot be prior to date of filing or more than 90 days	optional) after filing.) Pursuant to 605.0	02(
te: If the date inserted in this block does no cument's effective date on the Department of	of meet the applicable statutory filing requirements	s, this date will not be listed	d a
record specifies a delayed effective he 90th day after the record is file	e date, but not an effective time, at 12:	01 a.m. on the earlie	r
2/1/2016 ed	<u>,                                     </u>	Janess DD	
Robert Cartel		TORK JA	7
Signature of	a member or authorized representative of a member	N 21	-
Robert Castillo		Trop 5 IT	1
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	L STA	3
		~~	

Filing Fee: \$25.00