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COVER LETTER

TO: Registration Section Division of Corpo		~ ·	
SUBJECT:	Tristine Mane of Limit	agencent Pearty Collability Company	Group, LLC
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Bea	driz Sola	
	Beatr	Name of Person 12 Sola LLC Firm/Company	<u>, </u>
	8425 NW	141 Terr. Unt	- 4200
	Miami Lar	Kes TO 3: City/State and Zip Code Pristing mrg a be used for future annual report lotific	3016
	E-mail address: (to	e prospection of a proper position of the pro	Cation)
For further information con	cerning this matter, please cal		, ,
Deatriz Name of P	Sola Person	at (780) 287- Area Code Daytime	Sub 3
Enclosed is a check for the			74858E
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60:00 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 _

Pristine Wanagemen (Name of the Limited Liability Company) (A Florida Limited Lia	of Pearly Group, LLC v as it now appears on our records. ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L15 0000 1935</u>	vere filed on 02/02/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
Beatriz Sosa, LLC	
The new name must be distinguishable and contain the words "Limited Liability	y 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 here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	City Zin Code
New Registered Agent's Signature, if changing Registered Agent:	등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
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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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
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te: If th	e date inserted in this effective date on the	s block does not n	neet the applicable	statutory filing requi	rements, this date wil	l not be listed as t
ument	s effective date off th	e Department of S	naic's records.			
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Filing Fee: \$25.00