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16 DEC -5 PH 2: 37
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· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simply Pristine Services, UC 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:
Travis Kaulbars Name of Person
Simply Pristine Services Firm/Company
26407 Lucky Stone Rd #201
Bonita Springs, FL 34135 Aty/State and Zip Code
Simply pristines wfl@amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Travis Kaulbars at (239) 989-3837 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scrifficate of Status Scriffic

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Pristine Serv (Nam) of the Limited Liability Compan	ices, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>No</u>	vember 21, 2016 and assigned	
Florida document number <u>L16000313744</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)	·	<u> </u>	_
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Enter new mailing address, if applicable:		0	<u>-</u> m
(Mailing address MAY BE A POST OFFICE BOX)		PH 2:	_
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		7	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:			_
•	Enter Florie	da street address	
		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in this co	apacity. I further agree to comply with	ı the

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Travis Koulbars	26407 Lucky StoneRd.#	201 Bonita Springs A Add FL 34135
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ote: If	e date, if other to tive date is listed, the fithe date inserted not's effective date	in this block doe	s not meet the	applicable st	2016 of filing or more atutory filing r	than 90 days after equirements, the	ional) er filing.) Pur is date will	suant to 605.02 not be listed
	ord specifies a 90th day after			out not an o	effective tim	ne, at 12:01	a.m. on	the earlier
ated _	November	2944		16.				
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Filing Fee: \$25.00