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COVER LETTER

	Registration Sect Division of Corpo					
SUBJEC	r: <i>!</i>	RH Pristine Ve Name of Lim	ited Liability Company			
The enclo	sed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please reti	urn all correspond	lence concerning this matter	to the following:			
		Raul Herr	Name of Person			
			Firm/Company			
		2524 Non	th Poplar 5+ Address			
		Waukegan	1L £60£7 City/State and Zin Code			
		<u>hernandez</u>	City/State and Zip Code 89 @	uion)	22 AVH BIBB	77
For furthe	r information con	cerning this matter, please ca		į,	17 29	
Rac	ol Hergande Name of F	erson	at (<u> </u>	9 clephone Number	Σ Σ Σ	J
		,		24	8	
Enclosed	is a check for the	following amount:		,		
□ \$25.0°	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &	

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

P. 1- Pristing Ventures (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.)	
(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{03/22/201}{}$	and assigned
Florida document number <u>L17000065250</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1331 Saxon Drive	ste 5018
(Principal office address MUST BE A STREET ADDRESS)	New Smyrna Bea	ch FL 32/69
Enter new mailing address, if applicable:	1331 Saxon Drive	51c 35018
(Mailing address MAY BE A POST OFFICE BOX)	New Smyrna Beach	FL 32169!
B. If amending the registered agent and/or registered		آ ا
registered agent and/or the new registered office address he	ere:	5 50
Name of New Registered Agent:		. 8 8
New Registered Office Address:		
	Enter Florida street address	
		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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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