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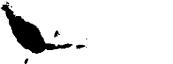
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COVER LETTER

COVER LETTER
TO: Registration Section . Division of Corporations
SUBJECT: Pristing Green Cleaning Service 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:
Name of Person Pristing Aveen Cleaning Service LLC Firm/Company Dull Superice DR. Address Lakeland. FL 33805
Priotive Green CS Camael
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (863) 044-8558 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pristing Green Cleaning Service UC

(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 Lia Florida document number	bility Company w 395	ere filed on 8	14/2018	_ and assign	ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of or the new name must be distinguishable and contain the work.	Cleanin	o SerV	ICES L!	viation "L.L.C	<u>,"• 44</u>
Enter new principal offices address, if applical	ble:	()		ij	ۇ ۋ بەسى مەسى
(Principal office address MUST BE A STREET				بد	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(1		60 4	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on our	records, enter th	e name of	the new
Name of New Registered Agent:	Noelle	M. Bro	wn *		
New Registered Office Address:	10	Enter Florida str	eet address	-	
	44.	City	, Florida	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 an ending 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
MGRX	Noelle M. Brown	5611 Spekius Dr Lakeland. FL 3382	Add
		Lakeland. FL 338	∑ □ Remove
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The 90th day after	the record is filed	•				
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00



NOELLE BROWN

- D (863) 624-8558
- PO BOX 91243 LAKELAND, FL 33804
- NOELLE PRISTINEGREENCS.COM
- WWW.PRISTINEGREENCS.COM



AX TORRES

- 0 (863) 624-8558
- PO BOX 91243 LAKELAND, FL 33804
- AX#PRISTINEGREENCS.COM
- WWW.PRISTINEGREENCS.COM

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