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COVER LETTER

SUBJECT: PICSTINE Spatkle Like Sonshine Cleaning Sen 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:
Carissa Callardo Name of Person
Pirstine Sparkle Like Sunshine Cleaning Servi
6765 25th St. North
St. Poterson FL 33700
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carissa Gallardo at 707, 282-6912 = 1
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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 SPARKLE LIKE SUNSHINE CLEANING SERVICES LLC

(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 Liability Company w	ere filed on 10/08/18	and assigned
Florida document number L18000237784	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	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:	ce address on our records, ente	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address , Florida	CO C
 -	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I an ovided for in Chapter 605, F.S. O	n familian with and r, if this document is

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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f an effective date Note: If the da	, if other than the is listed, the date me te inserted in this ective date on the	nust be specific and block does not n	l cannot be prior neet the applica					605.0207
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Filing Fee: \$25.00