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Amend

OCT 0 5 2019

I ALBRITTON

## **COVER LETTER**

	Legistration Sec Division of Corp			
SUBJECT		perty Restoration LLC		
Some	•	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please retu	ım all correspor	dence concerning this matter	to the following:	
		Emmie Olivecrona		
Name of Person Pristine Property Restoration LLC Firm/Company				
		431 Page St	Firm/Company	<del></del>
		Orlando, FL 32806	Address	
		emmieolivecrona@gmail.com	City/State and Zip Code n	
		E-mail address: (t	o be used for future annual report notific	cation)
For furthe	r information co	neerning this matter, please ca	dl:	
Emmie C	livecrona		407 492-4647	
	Name of	Person		Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Company of the second s

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 Property Restoration LLC		
(Name of the Limited Liability (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>k.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 03/06/2019	and assigned
Florida document number L19000064580	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		2015
(Principal office address MUST BE A STREET ADD)	RESS)	
	41 = 4151	
		- 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Ţ.
Maning address MIT DE ATTAM (ATTICE BANK)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	5.5
	, FI	lorida Zip Code
	City	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
MGR	Emmie Olivecrona	431 Page St Orlando , F   30804	Add
			Remove
			Change
			Remove
			Change
		***************************************	
			Remove
			Change
			Add
			□ Remove
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			Change
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ote: If the date inse	ter than the date of filing:	he applicable statutory t	or more than 90 days after filing.) Putiling requirements, this date will	rsuant to 605.020 I not be listed a
The 90th day af	s a delayed effective date, ter the record is filed.		re time, at 12:01 a.m. on	the earlier o
nted <u>Sep</u>	sterBu 16. 2	0/3.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00