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(Re	questor's Name)	
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R WILLIAM SELLING

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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT:	Pristine Por	ver Washing Lided Liability Company	<u>LC</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Anthony Agel	
	Pris	Firm Company	lashing LLC
	579 Fa	Eirmant Rd 1	Daytona
	Dayton	City/State and Zip Code CN 1 G C SU BU B G to be used for future annual report not fi	12114 mail.com
		•	cation)
,	eoncerning this matter, please exempt Age of Person	at (386) 245-	SSOS Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S \$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: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A FRANCIS EMINECO E	atomicy Company)	
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "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:		Smant Rd Boh FL 37/14 Is, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Çığ	zą com
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my a rovided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
Mgr	Brittany Age	1301 Pine Ridge D.	☐□Add
·	,	1301 Pine Ridge D. Holly Hill FL 32174	Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		□Remove	
		□Change	
			🗖 Remove
			□Change

), If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	June 3rd 2020 Authory Age Signature of a member or author ed representative of a member
	- Authory age
	Anthony Asee Typed or printed name of signee

Filing Fee: \$25.00