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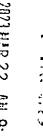
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corpora				
SUBJECT:	stine Lu	led Liability Company		
	Name of Linin	ed claims, company		
The enclosed Articles of Ame	ndment and fee(s) are subr	nitted for filing.		
Please return all corresponden	ce concerning this matter t	o the following:		
-	Erick.	Name of Person		
-	Pristing	E Living U		
	_	1 mis company		
_	1624 (0	llege /Kwy		
		\ Address	20	
-	Gulf Bren	C'authan and 7: Codo	563 MAR 22	7
_	ericjage	o be used for future annual report notif	<u> </u>	7334213
			ication)	
For further information conce	ming this matter, please ca	ill:	ication) AH 9: 45	``
Exicl Tages	_	a1954, 647-	-8229 m	
Name of Per	son		: Telephone Number	
Enclosed is a check for the fo	llowing amount:			
\$25.00 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)	
		Street Address		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pristine (Name of the Limite	ed Liability Company as it (A Florida Limited Liability	now appears on our re- Company)	cords.)		
The Articles of Organization for this Limited Lie Florida document number 12 6000 to This amendment is submitted to amend the follo	1230.	iled on April	13,2020	_ and as	signed
A. If amending name, enter the new name of	_	mpany here:			
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	able:	pany," the designation "	LLC" or the abbre	2[23]	L.C."
Enter new mailing address, if applicable:			1.	1/25	# j
(Mailing address MAY BE A POST OFFICE I	<u></u>		LO FL	22 AH 9: 1	
B. If amending the registered agent and/or reagent and/or the new registered office address		s on our records, <u>en</u>	iter the name o	dhe ne	w registered
Name of New Registered Agent: New Registered Office Address:	Fric 1624 Golf By	R. Jac College Enter Florida street ad PCZP	ge. T Pkwy ddress , Florida _ 3	25(Zip Code	.3_

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	Erick Jager	1624 College Play Guif	X IAdd
		Breeze, FL 32563	□Remove
			□Change
MGR	LISA Lindstrom	1624 College PKWY GULF Breeze, FL 32563	□Add
		GULF Breeze, FL 32563	Remove
			□Change
			☐Add ☐Remove
			Remove
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n effective date is listed, th	the date must be specific ard in this block does not	nd cannot be prior to date of	of filing or more than	90 days after filir	ig.) Pursuant t	to 605.020° e listed as
	e on the Department of		itatory minig requir	cincins, uns da	ic will not b	c noted to
	ed effective date, but no	ot an effective time, at	12:01 a.m. on the e	arlier of: (b)	The 90th day	after the
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ecord specifies a delayers is filed.	Signature of a			nb er		