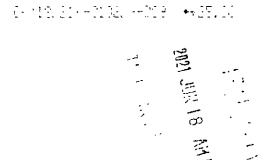
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section
Division of Corporations

Pristine Home Renovations, LLC
SUBJECT:

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
Pristine Home Renovation	s LLC
	Firm/Company
3172 SW State Road 14	
	Address
Madison, FL 32340	
·····	City/State and Zip Code
`roop2412@gmail.com	
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Tompkins 904 520-1198
at (______)

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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)

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 Home Renovations, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number __L20000281307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation-"L.L.C 1184 Capital Cir NE Enter new principal offices address, if applicable: Suite A (Principal office address MUST BE A STREET ADDRESS) Tallahassee, FL 32301 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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 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	FERNANDEZ, ROBERT Y	2529 FL GA HWY	□Add
		HAVANA. FL	■Remove
		32333	Change
MGR	Elliott, Sam	2557 Barrington Cir.	≣∧dd
		Tallahassee, FL	□ Remove
		32308	□Change
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Filing Fee: \$25.00