

L21000015909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

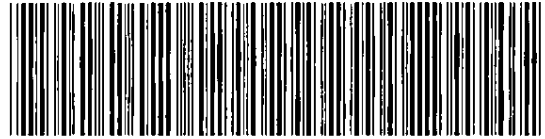
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Serial

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TALLAHASSEE, FL

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MC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2024

MARIA A BARBAGALLO
25 W STRAWBRIDGE AVE APT G7
MELBOURNE, FL 32901

SUBJECT: PRISTICLEAN LLC
Ref. Number: L21000015909

We have received your document for PRISTICLEAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure the new registered agent signs.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 024A00018798

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TALLAHASSEE, FL

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SEP 19 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRISTICLEAN, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA A. BARBAGALLO

Name of Person

Firm/Company

25 W STRAWBRIDGE AVE APT 07

Address

MELBOURNE, FL 32901

City/State and Zip Code

Support@pristiclean.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA A. BARBAGALLO

Name of Person

at (321)

Area Code

307-6837

Daytime Telephone Number

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TALLAHASSEE, FL

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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

X PRESTECLEAN, 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 were filed on 01/05/2021 and assigned Florida document number X L21000015909.

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."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

25 W STRAWBRIDGE AVE APT 67
MELBOURNE, FL 32901

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME AS PRINCIPAL ADDRESS

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: MARIA A BARBAGALLO

New Registered Office Address: 25 W STRAWBRIDGE AVE APT 67
Enter Florida street address

MELBOURNE Florida 32901
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.

X Maria Barbagallo
If Changing Registered Agent, Signature of New Registered Agent

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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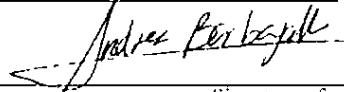
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

X Dated 9/19/2024

X 
Signature of a member or authorized representative of a member

X Maric Andrea Barbagallo
Typed or printed name of signee