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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pensacola Pristing	C (Icaning LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Samra	Hermann Name of Person
<u> </u>	la Pristine Cleaning LLC Firm/Company
27 notti	nsham way Address
<u> Pensacola</u>	F 1 32506 City/State and Zip Code
Samran <sup>2</sup> E-mail address:	to be used for future annual report notification)
For further information concerning this matter, please	call:
Samra Hermann Name of Person	at (250) 911 - 4812 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 & □ \$60.00 Filing Fee, Certified Copy 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

9014 Janitorial

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pensawla Pristine (Name of the Limited Liability Compa (A Florida Limited I	(Vegning LLC iny as it now appears on our records.) Clability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000318653</u> .	were filed on 07   13   21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>		
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "I.J.C" or the	abbreviation "L.L,C."
Enter new mailing address, if applicable:	NA	(j)
(Mailing address MAY BE A POST OFFICE BOX)		5 2 1
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new-registere
Name of New Registered Agent: N	A	
New Registered Office Address:	Enter Florida street address	
	Florida	

## 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.

City

Zip Code

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>	Name	Address	Type of Action
MGR	Samra A Hermann	27 nottinghamway pensacola, F132506	Ovad
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n effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.  ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of is filed.	nore than 90 days after filing.) Pursuant to 605.0207 grequirements, this date will not be listed as
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