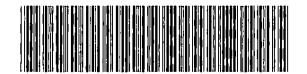
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COVER LETTER

TO:	Registration Se Division of Cor		
SUBJE		RESIDENTIAL AND INDUS	TRIAL CLEANING SERVICES, LLC
SUBJE	CI:	Name of Lim	ited Liability Company
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	eturn all correspo	ondence concerning this matter	to the following:
		YARIMA NINO	
			Name of Person
		PRISTINE RESIDENTIA	L AND INDUSTRIAL CLEANING SERVICES, LLC
			Firm/Company
		3182 Grand Pavillion Dr. U	Unit 201
			Address
		Tampa, FL 33613	
			City/State and Zip Code
		pristinecleaningservices@g	
		E-mail address: (to be used for future annual report notification)
For furth	her information c	oncerning this matter, please c	all:
YARIN	1A NINO		813 240-7239 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclose	d is a check for th	ne following amount:	
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration Section
	Division of C		Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRISTINE RESIDENTIAL AND INDUSTRIAL CLEANING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company 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 liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO		(A Florida Limited I	ілавину Сотрапу)		
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 "LLC." 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 on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: TAMPA Florida 33613	The Articles of Organization for this Limited I	iability Company	were filed on	a	nd assigned
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 "LLC." 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 on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	Florida document number	·			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new registeragent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	This amendment is submitted to amend the fol	lowing:			
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 on our records, enter the name of the new registeragent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	A. If amending name, enter the new name	of the limited liab	ility company here:		
Enter new principal office address, it 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 on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	on "LLC" or the abbrevia	tion "L.L.C."
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 register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	Enter new principal offices address, if appli	cable:	3182 GRAND PAVILL	JON DR, UNIT 201	- >
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 register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	•		TAMPA, FL 33613		
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 register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO				<u> </u>	
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 register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO					1 7 2
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	Enter new mailing address, if applicable:				*)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: YARIMA NINO	(Mailing address MAY BE A POST OFFICE BOX)				
Name of New Registered Agent: New Registered Office Address: YARIMA NINO 3182 GRAND PAVILLION DR, UNIT 201 Enter Florida street address TAMPA Florida 33613				·	
New Registered Office Address: 3182 GRAND PAVILLION DR, UNIT 201 Enter Florida street address TAMPA Florida 33613	agent and/or the new registered office addre	ess here:		, <u>enter the name of t</u>	he new register
Enter Florida street address Enter Florida street address TAMPA Florida 33613	-	3182 GRAND	PAVILLION DR. UNIT 2	201	
$\frac{\text{TAMPA}}{\textit{City}}, \ \textbf{Florida} \ \frac{33613}{\textit{Zip Code}}$	New Registered Office Address:				
City Zip Code		ТАМРА		Florida 33613	
			City		Code
	I hereby accept the appointment as register	ed agent and agr	ee to act in this capaci	ty. I further agree to	comply with t

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.

LIBA A ROBERTS
Commission # 101 272020
Expires Jano 6, 2028

O2/18/2

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
MCRA	RUBIANA BOLOGNA	9124 WATER CHESTNUT	□Add
·		temple Terrace FL 33634	
		- <u></u>	□Change
			□Remove
			□Change
			🗆 Add
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	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after th
	BRUARY 2024 .	
ated _		
f an effective factorial f	late, if other than the date of filing:	ot be list

LISA A ROBERTS
Commission # HM 272028
Expires June 5, 2028

Filing Fee: \$25.00