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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASAP ACCOUNTING SERVICES INC

Account Number : I20180000009

Phone : (239)352-4099

Fax Number

: (239)919-8333

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRISTINE LAKES AND WETLANDS LLC

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T. LEMIEUX

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Help JUN 2 8 2024

COVER LETTER

	porations LAKES AND WETLANDS LI	LC	
SUBJECT:4		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YAIMARA CARRAZAN	A	
		Name of Person	
	PRISTINE LAKES AND	WETLANDS LLC	
		Firm/Company	·
	6080 ADKINS AVENUE		
		Address	
	NAPLES, FL 34112		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	-
	asapaccounting@me.com	.	
	E-mail address: (to be used for future annual report noti:	fication)
For further information of	concerning this matter, please co	all:	
YAIMARA CARRAZA	NA	239 784-7005 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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

Company as it now appears on or mited Liability Company)	<u>ir records.</u>)
npany were filed on $\frac{08/25/207}{1}$	21 and assigned
d liability company here:	
d Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
<u>SS)</u>	
office address on our record	s, enter the name of the new registere
Enter Florida str	eet address
	Elorido
City:	, Florida Zip Code
	d liability company here: d Liability Company," the designal SS) Enter Florida str

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
AMBR	GONZALO AYRES	6080 ADKINS AVENUE	
		NAPLES, FL 34112	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Remove
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			□Remove
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			⊡Add
		.	⊡Remove
			□Change

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an ef <u>iote:</u>	ive date, if other than the date of filing: May 24 2024 (optional) rective date is listed, the date must be specific and cannot be prior date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
reco l is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.
ated	May 24 , 2024.
	\mathcal{M}
	Signature of a member or authorized representative of a member
	State and the state of the stat

Filing Fee: \$25.00