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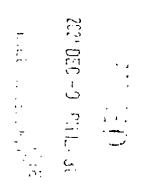
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## **COVER LETTER**

TO:

	egistration Se livision of Cor			
SUBJECT	Pristine Pair	nting Solutions LLC	•	
SOBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Edwin Garcia-Munoz		
			Name of Person	
		Pristine Painting Solutions	LLC	
			Firm/Company	<del>.</del>
		8421 Deerfield St Unit 102	2	
			Address	
	Sarasota, FL 34243			
			City/State and Zip Code	
		Jowadally1@gmail.com		
For further	information c	n-mail address: ( oncerning this matter, please c	to be used for future annual report nall:	otrication)
Edwin Ga	rcia-Munoz		512 960-0771	
	Name of	f Person	Area Code Days	ime Telephone Number
Enclosed i	s a check for th	ne 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)
	Iailing Addres	_	Street Address:	Section
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
	.O. Box 632		The Centre of	f Tallahassee
J.	allahassee, I	-L 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pristine Painting Solutions LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company were filed on November 03, 2021 Line 10 Surf. Fl. and assigned and assigned and assigned series and assigned series.

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Frontag Sireer address

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jeanette Owadally	8421 Deerfield st unit 102	□Add
		Sarasota FL 34243	<b>■</b> Remove
			□Change
MBR	Edwin Juarez Garcia-Munoz	8421 Deerfield st unit 102	<b>≣</b> Add
		Sarasota FL 34243	□Remove
			Change
			□Add
	<del></del>	□Remove	
			□Change
		□Add	
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		<del></del>	□Remove
			□ Change

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rd is filed.	
Dated December 3rd 2021	the earlier of: (b) The 90th day after the
Signature of a member or authorized representative of	f a member

Filing Fee: \$25.00