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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

| Email Address: | |
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|----------------|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRISTINE CLEAN AWESOME LLC

2022 FEB - 1

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
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T. LEMIEUX FEB 0 3 2022

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF** ï

| Pristine clean awesome LLC | | |
|--|--|--------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) lability Company) | |
| he Articles of Organization for this Limited Liability Company lorida document number <u>L22000014883</u> . | were filed on 01/06/22 and assig | med |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L. | C." |
| inter new principal offices address, if applicable: | 10453 County Rd 136 | |
| Principal office address MUST BE A STREET ADDRESS) | Live Oak, FL 32060 | |
| inter new mailing address, if applicable: | 10453 County Rd 136 | |
| Mailing address MAY BE A POST OFFICE BOX) | Live Oak, FL 32060 | |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | address on our records, <u>enter the name of the new</u> | regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Florida street andress Florida, Florida | |
| | City Florida I | - |

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.

New Registered Agent's Signature, if changing Registered Agent:

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 | STEPHANIE SNYDER | 10453 County Rd 136 | □Add |
| | | Live Oak, FL 32060 | Remove |
| | | | XiChange |
| AMBR | Daniel Snyder | 7901 4TH ST N STE 300 | ⊡Add |
| | | ST. PETERSBURG, FL 33702 | ⊠Remove |
| | | | Change |
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| | | | □Remove |
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| he reco ord is f | February 1 2022 |
| he reco ord is f | February 1 2022 |

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