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T. MATTHEWS FEB 2 2 2022

## **COVER LETTER**

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Priceless Impressions Cleaning Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer L. Price Name of Person
Firm/Company
131 Bluebrook Court
Oviedo FL 32766
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer L. Price at (727) 333-0202.  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ S55.00 Filing Fee & ☐ S55.00 Filing Fee & ☐ S60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations  Division of Corporations  Division of Corporations  The Course of Tellebrases
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Price less</u> In	pressions	Cleaning	Servicesion	<u> [[[[]</u> 3: 26
(Name of the Limited (A	Lability Company as Florida Limited Liabil	it now appears on Au ity Company)	ir records.)	
The Articles of Organization for this Limited Liab		e filed on01/0	5/2022	_ and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liability	company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Co	ompany," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	ess on our record	s, enter the name (	of the new registered
Name of New Registered Agent:			, , , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:		Enter Florida str	vet address	
			, Florida	
		City		Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MbR	Jennifer L. Price	131 Bluebrook Court	CAdd
		Oviedo FL 32766.	□Remove
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record sp Lis filed.	ecifies a delay	ed effective date	e, but not a	n effective t	ime, at 12:01	a.m. on the e	arlier of: (b)	The 90th day af	ter the
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