L22000300533

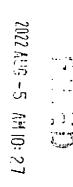
(Requestor's Name)
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COVER LETTER

Division of Cor	porations	•	•
SUBJECT: PRESTIN	NE DETAILING & PRES	SSURE WASHING, LLC	
	realite of Lim	ned trainity company	
	Amendment and fee(s) are sub-	<u>-</u>	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	·
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	ıll:	
Process	ing Department	at (800) 638-2320	
Name o	<u></u>		Telephone Number
Enclosed is 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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ING & PRESSURE WASHING, L	
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 07/05/22	and assigned
Florida document number L22000300533	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
PRISTINE DETAILIN	NG & PRESSURE WASHING, LL	<u>.c</u>
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		72)
(Principal office address MUST BE A STREET ADD	ORESS)	8
		ဟ်
		R 641
Enter new mailing address, if applicable:		0.
(Mailing address MAY BE A POST OFFICE BOX)		27
B. If amending the registered agent and/or reg		ls, enter the name of the nev
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	WS.
		lorida
	Cin	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 **Type of Action** <u>Address</u> <u>Title</u> Name | _DAdd □Remove □Change \Box Add □Remove Change \square Add _□Remove _□Change __Add _□Remove _□Change □Add □Remove _□Change □Add _□Remove _□Change

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Effective date, if other fan effective date is listed Note: If the date inserdocument's effective d	ted in this block	does not med	innot be prior et the applica	able statutor	ng or more than y filing requi	(optio 90 days after f ements, this	iling.) Pursu	ant to 60: ot be list	5.0207 (ed as t
ne record specifies The 90th day aft	er the record	l is filed.		t an effec	tive time, a	it 12:01 a.	m. on th	e earli	er of:
Dated	26/2	<u> 202</u>	2	·					
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