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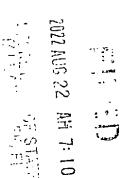
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Certified Copies Certific	ates of Status
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Special Instructions to Filing Officer:	
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Office Use Only



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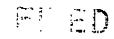


A. EUTLER NOV 17 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mea Get's It	Clean 3 Prestine LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Tamesh	Name of Person
Mea Ge	1's It Clean & Prestine LLC Firm/Company
6600	NW 4th Place Harritation
Planta	Fion Florida 33317 City/State and Zip Code
	(to be used for future annual report notification)
For further information concerning this matter, please of	eall:
Tamesta Feilds	at (954) 479-6581 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i diminuosee, i la sasti	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG 22 AM 7: In

Mea Get's It clean	3 Prestine LLC	
Mea Get's It Clean (Name of the Limited Liability Compa (A Florida Limited)		
The Articles of Organization for this Limited Liability Company	were filed on 08/10/2022	and assigned
Florida document number <u>L 22000352572</u> .	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
Mea Get's It Clean 3 The new name must be distinguishable and contain the words "Limited Liabi	Pristine LLC	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	6600 NW 4# Plac	<u>e</u>
(Principal office address MUST BE A STREET ADDRESS)	Plantation FL 3331	7
	1100 NU 4th Plan	
Enter new mailing address, if applicable:	Plantation FL 333	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	Pluntation FL 333	/_/
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		□ Remove	
		u	□Change
			□ Remove
			□ Change
	- 		
		□Remove	
			Change
			□ Add
			Remove
			Change

Pursuant to 605.0207 (will not be listed as t
90th day after the
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Filing Fee: \$25.00