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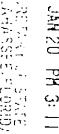
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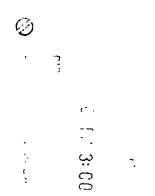
A. RIVERS
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COVER LETTER

Division of Cor			
ивјест: <u>Perf</u> e	CHy Pristive H	ited Liability Company	d Organizing Solutions LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elizabeth (Ishley Pilkingtor	1
		Firm/Company	
	836 alden	nam In.	···
	Ormand B	each FL 3217L City/State and Zip Code	1
	eashleypilking	the used for futurgannual report notificat	tion)
For further information c	oncerning this matter, please ca	all:	
ashley f	Person Person	at (919) TUO - O Area Code Daytime To	9537 elephone Number
inclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company	were filed on December 19,20	and assi	gned
Florida document number22000528803			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
<u>Perfectly Pristine Ho</u>	omes LC		
The new name must be distinguishable and dontain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable:	no change to	addves	<u>a</u>
(Principal office address MUST BE A STREET ADDRESS)			
	ion closures to a	AAIDAS	 I
Enter new mailing address, if applicable:	NO CYTURGE TO O	www.	2
(Mailing address MAY BE A POST OFFICE BOX)		-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the na</u>	of the 23 JAN 20 PH	registered
	Enter Florida street address	\mathbb{S}_{2}^{r} \mathbb{S}_{2}^{r}	' '
	. Florida	2007 Z	
	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.

amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added r removed from our records</u>:

1GR = Manager .MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
		□Change	
		□Add	
		Remove	
		☐ Change	
		□Add	
			□Remove

. II AMCHULI	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·*··	
-	

(If an effective Note: If th	ate, if other than the date of filing:
the record spectord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Farriary 18 2023
-	Clingabelle as well of Culturation Signature of a member or authorized representative of a member
-	Elizabeth ashley Pilkington Typed of printed name of signed

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