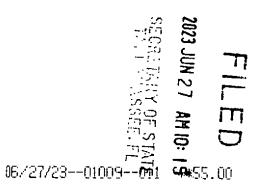
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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ALLAHASSEE, FLORI

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TO:

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| end ica | | insport Services LLC. | | |
| SUBJECT | · · | Name of Lim | ited Liability Company | <u> </u> |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all correspo | ondence concerning this matter | to the following: | |
| | | Brian Maciorski | | |
| | | | Name of Person | |
| | | Prestine Transport Servies | LLC. | |
| | | | Firm/Company | |
| | | 100 S. Ashley DR. Suite 60 | 00 | |
| Tampa, F1. 33602 | | | | |
| | | Tampa, F1. 33602 | | |
| | | | City/State and Zip Code | |
| | | Bmac@pristinetransport.net | | |
| For further | information c | e-mail address: (i oncerning this matter, please ca | to be used for future annual report not all: | uncation) |
| Brian Mac | riorski | | 863 608-3150 at () | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed i | s 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) |
| _ | Iniling Addres egistration S | | Street Address: Registration Sc | ection |
| D | ivision of C | orporations | Division of Co | rporations |
| | .O. Box 632 allahassee, F | | The Centre of 7 2415 N. Monro | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pristine Transport Services LLC. | | |
|--|---|--|
| (Name of the Limited Liability Compa (A Florida Limited I | nv as it now appears on our liability Company) | records.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000271485</u> | were filed on 6/22/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation | "LLC" or the abbreviation #\$L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | UN 2 |
| | | 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | m o |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | iddress on our records, <u>e</u> | enter the name of the new registered |
| New Registered Office Address: | Enter Florida street o | uddress |
| | | _, Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my dution or ovided for in Chapter (| es, and I am familiar with and 605, F.S. Or, if this document is |
| If Chan | ging Registered Agent, Signa | ture 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> | <u>Address</u> | Type of Action |
|--------------|-----------------|---------------------------|----------------|
| AMBR | Brian Maciorski | 5599 Summerland Hills DR. | |
| | | Lakeland, FL 33812 | □Remove |
| | | | □ Change |
| AMBR | Patricia Gruber | 5599 Summerland Hills DR | |
| | | Lakeland, FL 33812 | □Remove |
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| Effect | ive date, if other than the date of filing: $\frac{6/23/23}{2}$ (optional) |
| | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. |
| | · |
| | of annuition of defending days had not as a finite of a section of the continue of the original days for the continue of the original days for the continue of the continue of the original days for the continue of the conti |
| e recor rd is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| | |
| | 6/23/23 |
| | · |
| Dated | |
| Dated | |
| Dated | Signature of a member of authorized representative of a member |

Filing Fee: \$25.00