

L23 000 271 485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

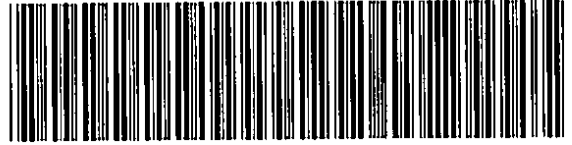
(Business Entity Name)

(Document Number)

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2023 JUN 27 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FL

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RECEIVED

2023 JUN 27 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pristine Transport 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:

Brian Maciorski

Name of Person

Prestine Transport Servies LLC.

Firm/Company

100 S. Ashley DR. Suite 600

Address

Tampa, FL 33602

City/State and Zip Code

Bmac@pristinetransport.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Maciorski

863

608-3150

at (_____) _____

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brian Maciorski	5599 Summerland Hills DR.	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patricia Gruber	5599 Summerland Hills DR	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN# 93-1686393

[illegible]

E. Effective date, if other than the date of filing: 6/23/23 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 6/23/23

Signature of a member or authorized representative of a member

Brian Maciorski

Typed or printed name of signee