

240009526

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC
Account Number : I20240000004
Phone : (775)329-7721
Fax Number : (775)376-9207

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: iwnorma7835@gmail.com

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2024 MAY -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FL

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2024 MAY -7 PM 4:33

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRISTINE KUTZ, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

MAY 08 2024
Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRISTINE KUTZ, LLC

*(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)*

The Articles of Organization for this Limited Liability Company were filed on 02/21/24 and assigned
Florida document number L24000090526.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Isaiah Norman III	1141 NE 31ST AVE	☐ Add
		GAINESVILLE, FL 32609	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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.

Dated 5/6/2024 . 10:44am

Typed or printed name of signee