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STATE SHALLS INTE

07/15/24

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	TINE SERVICES LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
	ondence concerning this matter	-		
	Shannon Stahfin			
		Name of Person		*
	Direct Incorporation			
		Firm/Company		_
	1736 Glenwood Rd			
		Address		-
	Ann Arbor MI 48104			
		City/State and Zip Code		-왕원 다
	documents@directineorp.co			
	E-mail address: (to be used for future annual report notif	fication)	S PH 1: 15
For further information c	oncerning this matter, please ea	all:		
Shannon Stahlin		877 281-6496		
Name o	f Person		e Telephone Numbe	:r
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres		Street Address:	ation	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	•	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&S PRISTINE SERVICES LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	on 03/28/2024 and assigned
Florida document number 1.24000150457	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
D&S Pristine Services Group LLC	
he 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)	
	5× 0
	
3. If amending the registered agent and/or registered office address on ϵ	our records enter the name of the new registers
gent and/or the new registered office add <u>ress here</u> :	m vi
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
Ente	er Florida street address
	. Florida
Cin	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			DAdd
			——□Remove
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fective date, if other than n effective date is listed, the date ote: If the date inserted in thi	must be specific	and cannot be pri	or to date of fil	ing or more than	90 days after	r filing.) l	Pursuant /ill-not-l	to 605.020 be listed a
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	Signature c	of a member or au	thorized repres	entative of a me	mber	-		
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Filing Fee: \$25.00