(((H240002137813)))



ote: DO	NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	24 J
To:		를 2
	Division of Corporations Fax Number : (850)617-6383	0
	. av Mambei (028)011-0383	7
from:	Account Name . PENDUCTNIECE THE	₩.
	Account Name : ZENBUSINESS INC. Account Number : 128238888198	ယ

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

: (844)449-3624

Fax Number : (512)597-8678

Email	Address:				
-------	----------	--	--	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRISTINE PATH LAWN CARE LLC

Certificate of Status	U
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

М.	SOLOMON
JU	N Z U 2024

Electronic Filing Menu Corporate Filing Menu

Phone

Help

Tallahassee, FL 32314

COVER LETTER

H240002137813

	ition Section of Corporations	·	Ť	<i>f</i> •	
Pris	tine Path Lawn Care LLC				
SUBJECT:	Nune of Li	mited Linbility Company	- 1 - H - 2 \ - 1	k	
**	cles of Amendment and fee(s) are su orrespondence concerning this matte				
	Allison Monzon				
		Name of Person		~	
	ZenBusiness INC			15	. ž
:	***************************************	Firm/Company		24 JUK	
	336 E, College Ave Suite	301		* 20 *	
		Address		_	
	Tallahassee, FL 3230)			PM12: 3	
		City/State and Zip Code	····	- <u>ü</u>	26
	fultillment@zenbusiness.o				SKS
•		(to be used for future annual report noti	ication)		
For further inform	ation concerning this matter, please	call:			
c/o ZenBusiness	INC	844 493-6249			
	Name of Person		2 Telephone Numbe	r	
Enclosed is a chec	k for the following amount:				
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	ition Section of Corporations	StreetAddress: Registration Sec Division of Corp The Centre of T	porations		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

: :

2.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000213781-3

Pristine Padi Lawn Care LLC		
(<u>Name of the Limited Liability Compr</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000155185}{L24000155185}$	were filed on 2024-04-01	andassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	ility company herg:	
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	8971 North Spartan Dr. Citrus Springs, FL 3-	•
(Principal office address MUST BE A STREET ADDRESS)		<u>के जेंट</u>
Enter new mailing address, if applicable:	8971 North Spartan Dr. Citrus Springs, FL 34	### <u>F</u> FE
(Mailing address MAY BE A POST OFFICE BOX)		
		- 25
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:	address on our records, enter the name of	the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	in Code
New Registered Agent's Signature, if changing Registered Agent:	City 23	yr C 1.54E
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 pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if th	liar with and is document is
If Char	ging Registered Agent, Signature of New Registers	ed Agent

Page: 4 of 5 2024-06-20 11:58:35 UTC+14 18506176383 From: ZenBusiness User 11240002137813

Hamending 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>	Address	Type of Action
MGR	Nathan Gage Elam	1501 Millbrook Dr. Midlothian, TX 76065	🗆 Add
			Remove
			□ Change
MGR	Nathon James Lane	8971 North Spartan Dr. Citrus Springs, FL 34433	□Add
			Remove
			= Change
MOR	Jako Avery Calvett	8971 North Spartan Dr. Citrus Springs, FL 34433	🗀 Add
		• • • • • • • • • • • • • • • • • • •	□Remove
	•		Change
MOR	Romona Maria Antoinette Calvert	897) North Sportan Dr. Citrus Springs, FL 34433	
			🗆 Remove
			∰Change ≟
	to .		PHOPE STATE OF
	-15		□ Add = ₹
			□Remove
٠.			Change

1.11.11

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) E. Effective date, if other than the date of filing: (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. 2024 /s/ Romona Maria Antoinette Calvert Signature of a member or authorized representative of a member Romona Maria Antoinette Calvert, Member Typed or printed name of signee