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EXAMINER

SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C		
SUBJECT: PRECISION METAL SOLUTIONS, LLC			ETAL SOLUTIONS, LLC
DEBUELT:			ited Liability Company
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.
Please	return all corres	pondence concerning this matte	r to the following:
			Rustam Deneychuk
			Name of Person
PRECIS		PRECISI	ON METAL SOLUTIONS, LLC
			Firm/Company
		366	5 E Bay Dr Suite 204162
		····	Address
			Largo, FL 33771
			City/State and Zip Code
	rustamd@gmail.com		
For fur	ther information	E-mail address:	(to be used for future annual report notification) call:
	Rus	stam Deneychuk	at (727)644-7677
······································		e of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
₽ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) S55.00 Filing Fee. S Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		LING ADDRESS:	STREET/COURIER ADDRESS:
	Divis	stration Section 1	Division of Corporations
		Box 6327 hassec, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION	METAL SOLUTIONS	S, LLC	·	
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appear: rida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Florida document number	• • •	11/10/11	and assig	gned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here	2:		
Afforda	able Machine Tools, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "LI	C" or the ab	breviation
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u></u>			· · · · · · · · · · · · · · · · · · ·
			20121 SECO	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on o	ur records, <u>enter th</u>	Ename Cor	the new
Name of New Registered Agent:		;	TOP A	1 ************************************
Name of New Registered Agent.			SS S	
New Registered Office Address:	Ent	er Florida street addro		
		. Florida		
_	City	, 1 101 144	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
· · ·			Add	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If ame	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)		
-		FL0RIQA	TO THE STATE OF TH	
-				
Dated	February, 20th 201	<u>/z</u> .		
		And Square		
		or authorized representative of a member		
	Typed o	Frank Gyuru or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00