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COVER LETTER

TO: Registration Section
Division of Corporations

TECHNICAL FACILITIES & PRECISION, LLC

SUBJECT: _

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:

ANA A. OTTATI	
Name of Person	
Firm/Company	
8352 NW 114TH PATH	
Address	
DORAL, FL 33178	
City/State and Zip Code	
anaotatti@hotmail.com	

For further information concerning this matter, please call:

Ana A. Ottati

₄₇305 9673479

Name of Person

Area Code

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

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECHNICAL FACILITIES & PRECISION 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 Compan	y were filed on OCT 18, 2013	<u>}</u> a	nd assi	igned
Florida document number L13000147206				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" of	r the abbrevia	ation "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 engistered agent and/or the new registered office address he		iter the n	ame o	of the new
registered agent and/or the new registered ornice address ne	<u>10.</u>	क्रीक		
N. CN. D. '. LA		· · · ·		
Name of New Registered Agent:	••		7. 5	• •
New Registered Office Address:			<u> </u>	
	Enter Florida street address			•
	, Florid	a	15.	्र र क्या - इंट क्या
		Zip	Code	•
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	e performance of my duties, and I provided for in Chapter 605, F.S.	am familio	ar with s docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address Type of Action** Title <u>Name</u> 8352 NW 114th Path Clotide M. Guevara **AMBR** □ Add Doral, FI 33178 ■ Remove □ Add □ Remove ☐ Remove □ Remove ☐ Remove □ Add □ Remove

				(andiana)
effective date must be	er than the date of fili specific, cannot be prior to filed by the Florida Departn	date of receipt or filed da	te and cannot be more the	(optional) nan 90 days after
_{ed} august	13	_, <u>2014</u>		
		add	\mathcal{I}	
		A.W		

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Filing Fee: \$25.00