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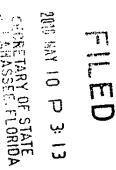
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Special Instructions to	Filing Officer:	
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MAY 1 1 2016

SWARREN

COVER LETTER

TO: Registration Section Division of Corpor		·	
SUBJECT: PR	EGS(ON AU' Name of Limit	TO GLOUP L	ic_
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Nivol	A DIMOV Name of Person	
		\	uc_
	1324 NE	181 STREET	
,	NORTH MI	AMI BEACH, FL, S City/State and Zip Code IMOV Q YMAIL	33162
-	Nick di E-mail address: (to	MOV Q Y MAIL be used for future annual report notif	ication)
For further information conc	erning this matter, please ca	11:	
Name of Per	T'MOV rson	at (305) 299 Area Code Daytime	- 36 35 e Telephone Number
Enclosed is a check for the fo	ollowing 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

PRECISION AUT	TO GROUP LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIYOCO 73 861</u> . This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	. – 0
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		TE 3
Trincipal office address most be a street abbress;		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1324 NE 18/5T ST NORTH MIAMI BI FL, 33162	PEET EACH
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:	Nikola Dimo	<u> </u>
New Registered Office Address: 1324 M	E 16 ST STREET Enter Florida street address	
	AMÍ BEACH, Florid	1a 33162 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>	Address	Type of Action
MGR 7MBR	Nixola Dimov	1324 NE 18/ST STREET NORTH MIAMÍ BEACH	M Add
			□ Remove
		FL, 33162	☐ Change
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