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SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: PRE	EcisiON AUTO	GROVE LLC	
SUBJECT:		ted Liability Company	
•			
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Nike	ola Dimov	
		Name of Person	
		Firm/Company	
	1279 N	IE 180TH STR.	
		Address	
	NOKTH M	IAMI BEACH, FL,	33162
	Precision C	City/State and Zip Code Cutogroup Fl Q y o be used for future annual report notifice	ahoo, com
For further information cond	erning this matter, please ca	di:	
Dimitar	TANUShin	at (305) 60% - V	1982
rame of Fe	HSOH	Alea Code Daytime	cicphone (vulnos)
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fec	□ \$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

PKEUSION AC	- •	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 440000 7366	were filed on 05/07/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab (SAME NAME, NEW PENG PA The new name must be distinguishable and contain the words "Limited Liabs"		
The new name must be distinguishable and contain the words "Limited Liabs		
Enter new principal offices address, if applicable:	4350 SW 59TH AVE B	AY FI
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL, 33314	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		er the name of the new
N Decided 100% - All least		mg +
New Registered Office Address:	Enter Florida street address	TO SEE OF THE PROPERTY OF THE
	, Florida	0 0
	City	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 = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
		Addition of the Control of the Contr	
•			Remove
			☐ Change
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_□ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	: 12:01 a.m. on the earlie
ed May 8th 2018	
Signature of a niember or authorized representative of a mem	than

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Filing Fee: \$25.00