14000153932

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: SA	Name of Limite	ed Liability Company	. .
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Scott	Pailey Name of Person	
	SBB8	3 LLC Firm/Company	
	17540 VE	Charlie Johns St	reet_
	Blownston	On FL 3243	24
	E-mail address: (to	YNOLE 83 @ 9MQ1 The used for future annual report notification	.cm_
For further information con	ncerning this matter, please cal	II:	
Scott B	Person	at (<u>850</u>) <u>643</u> . Area Code Daytime T	elephone 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:

TO:

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 ARTICLES OF ORGANIZATION OF

Q . • 1 • .	ر د			
(Name of the Limited Liability Compa (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 <u>L14000153933</u> .	were filed on October 2, 2014 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
Precision Design and The new name must be distinguishable and contain the words "Limited Liabi	COSULTING, LLC ility Company," the designation "L.L.C."			
Enter new principal offices address, if applicable:	17540 NE Charlie Johns Stree	H		
(Principal office address MUST BE A STREET ADDRESS)	Blountstown, F1 32424			
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 her Name of New Registered Agent: New Registered Office Address:	N/A Office address on our records, enter the name of the ne	<u>:W</u>		
	Planida			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>4</u>			
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	e		

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 Type of Action <u>Address</u> Title Name _ Add _□ Remove ☐ Change □ Add ☐ Remove □ Add □ Remove _□ Change □ Add _□ Remove _□ Change □ Add □ Remove ☐ Change

N/A		
		
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E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	ional) er filing.) Pursuant is date will not b	to 605.0207 (3)(e listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the ϵ	earlier of:
Dated Septemble 28 . 2018. Signature of a member or authorized representative of a member		_
Scott Bailey Typed or printed name of signee		

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Filing Fee: \$25.00