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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Danish and March and	
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DIVISION OF CORPUTATIONS

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COVER LETTER

SUBJECT: _	PRECISIO	ON WINDOWS LLC			
SOBJECT: _		Name of Limit	ted Liability Company		··
The enclosed A	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return a	ll correspond	dence concerning this matter to	o the following:		
		BRIAN MONACO			
			Name of Person		
PRECISION WINDOWS LLC					
Firm/Company					
2421 S RAMONA CIR					
			Address		
		TAMPA FL 33612			
			City/State and Zip Code		
		MONACOCUSTOMS@GM			
			be used for future annual re	роп поинсацов)	
For further info	ormation con	cerning this matter, please cal	II:		
BRIAN MON			813 843- at ()	8056	
	Name of I	Person	Area Code	Daytime Telephor	ie Number
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

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 TO ARTICLES OF ORGANIZATION OF

PRECISION WINDOWS LLC		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 414000181833		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li		17 JUL 17 1014
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	imited Liability Company," the designation "LLC" or the ab	breviation "Lity".
Enter new principal offices address, if applicable:		2 TI
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
		11088
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	UHY	zīp 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	
AMBR	JOHNATHAN SALCEDO	3203 Laurel Dale Dr Tpa 33618	■ Add	
			🗆 Remove	
			Change	
AMBR	DEMETRIUS LOZAADO	5834 Lemmar Ct Holiday Fl34690		
			■ Remove	
			Change UNISTON OF PREMOVE Change Add	
			□ Remove	
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ective date, if other than the dat	re of filing:		((ontional)	
effective date is listed, the date must be	specific and cannot b	e prior to date of filin	g or more than 90 days	after filing.) Pursuant	
e: If the date inserted in this block ument's effective date on the Depar			ming requirements	, this date will not	be fisted a
record specifies a delayed ef		ut not an effect	ive time, at 12:0	01 a.m. on the	earlier
he 90th day after the record	is med.				
ed Tuly 17	2_0	2,7			
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	////	or authorized represer			

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Typed or printed name of signee

Filing Fee: \$25.00