# L15000061304

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## **COVER LETTER**

TO: Registration Sec Division of Corp SUBJECT:	cism Autol	Prokers LUC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	•
	Mich	elle Adans	
	Precision	Auto Brokers L	lc.
	2227	Firm/Company East 5# Street	+
	Parana	Address Lity Phrida 3	2401
	Or easten an E-mail address: ((	City/Stale and Zip Code  10 to 10 Cors   Color Comment   Color Cors   Color Co	cation)
For further information co	ncerping this matter, please ca	all:	
Michello	Adams	at (850) 527	-7046 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

Pre cusion	Auto Bok	ers LLC.		_
(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Com	appears on our record: pany)	<u>s.</u> )	
The Articles of Organization for this Limited Li Florida document number <u>L\5000613</u>	ability Company were filed	on 1-15-20	ille and	assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liability compa	iny here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company	," the designation "LLC	" or the abbreviation	"L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		w en g	
	<del></del>		<u> </u>	<u> </u>
Enter new mailing address, if applicable:				JAN 28
(Mailing address MAY BE A POST OFFICE :	BOX)		<u> </u>	2 FT
				5
B. If amending the registered agent and/ registered agent and/or the new registered of		ss on our records	s, enter the nar	of the new
Name of New Registered Agent:	Kathorine Dr	ine Stackb	lale	
New Registered Office Address:				
	En	ter Florida street addres:	2	,
		, Flo	orida	····
	City		Zip Ce	ode

### 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 = Mai AMBR = Aut	nager horized Member		
Manter Manter	Name Katherine Drane Stocktle	Address  521 Lyndell Lane Paramo Coty Och, [] 32467	Type of Action Add  Remove
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	·		Change  Add  Remove
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-	and Michelle Adams 49% ownership in		
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	Adams vice President,		
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	ive date, if other than the date of filing: $1-15-2016$ (optional	7.5	Φ
	(-F	g.) Pursuant to	605.0207
f an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	11 1	listed as
lf an ef <u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat	e will not be	
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Page 3 of 3

Filing Fee: \$25.00