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| (Requ | estor's Name) | |
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| (City/S | State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Nar | me) |
| (Docu | ment Number) | , |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fili | ing Officer: | |
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Office Use Only



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JUN 3 0 2015

S. YOUNG

COVER LETTER

| | Registration Section Division of Corporations | |
|-----------|---|-------------|
| SUBJEC | Precision Auto Concepts Name of Limited Liability Company | |
| The encl | losed Articles of Amendment and fee(s) are submitted for filing. | |
| Please re | eturn all correspondence concerning this matter to the following: | |
| | Scott A Dudley Name of Person | |
| | Firm/Company | |
| | 5648 52nd Ave N | |
| | 51. Pete FL 33709 City/State and Zip Code | |
| | E-mail address: (to be used for future annual report notification) | |
| For furth | her information concerning this matter, please call: | · |
| | Scott Dudley at (727) 580-7139 Name of Person Daytime Telephone Number | |
| Enclosed | d is a check for the following amount: | |
| \$25. | (additional copy is enclosed) Certified C | of Status & |

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

| Name of the Limited Lia | Auto Concept ability Company as it now appears on out orida Limited Liability Company) | s LLC |
|---|--|--|
| The Articles of Organization for this Limited Liabilit Florida document numberL15\(\text{W}\)\(\text{OOO}\(\text{966}\) | y Company were filed on5_ | |
| This amendment is submitted to amend the following | ; : | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | -5 3 |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | | records, enter the name of the new |
| registered agent and/or the new registered office a | iduress nere. | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | et address |
| | | , Florida |
| | 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

| MGR = MS $AMBR = AS$ | anager uthorized Member | · | |
|----------------------|----------------------------|-----------------|-----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Worda Dudley | 5648 52nd Ave N | |
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· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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| n effective date is | listed, the date | must be specifi | ic and cannot b | e prior to date | of filing or more | than 90 days a | fter filing.) Pu | irsuant to 605.0207 I not be listed as |
| cument's effect | ive date on th | ie Department | t of State's re | cords. | g. | oqui, o,,,o,,,o, | | and the second s |
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Filing Fee: \$25.00