

L15000117999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

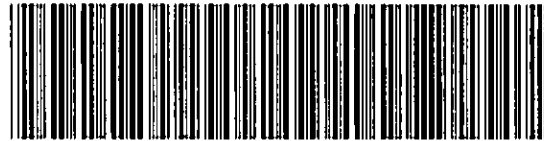
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN -1 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRECISION CONTRACTORS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIXTO J. JUNCO

Name of Person

PRECISION CONTRACTORS LLC

Firm/Company

1502 S.W. HACKENSACK AVE.

Address

PORT ST. LUCIE FL 34953

City/State and Zip Code

SJUNCO@PRECISIONCONTRACTORSLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIXTO J. JUNCO

Name of Person

at (772) 924-6366

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2022 JUN -1 PM 1:13

STATE OF FLORIDA
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	IKYLL D. JUNCO	1502 S.W. HACKENSACK AVE	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRE J. JUNCO	1502 S.W. HACKENSACK AVE	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[The following section contains horizontal lines for amendments, which have been crossed out with a diagonal line.]

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SECRETARY OF STATE
TALLAHASSEE, FL

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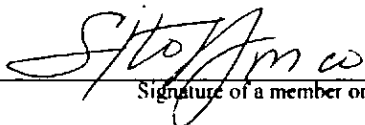
E. Effective date, if other than the date of filing: _____ (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 25TH, 2022.



Signature of a member or authorized representative of a member

SIXTO J. JUNCO

Typed or printed name of signer

Filing Fee: \$25.00