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SECRETARY BE STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PERCISION CONSTRUCTION SERVICES OF FL. 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:
Roupld S. HeilBean Name of Person
PERCISION CONSTRUCTION SERVICES OF FI. LLC.
5250 LINWOOD Rd. Address
PORT CHAR OF E. 33946 City/State and Zip Code RHEI Brown & Mollow Core. NET. E-mail address: (to be used for future annual report notification)
RHEIBROND MOLLOW CORE. NET. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ron Heilbean at 941 (962-563ct) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Bogietestion Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LERCISION CONSTRUCTION DE	evices at the LC.	
(Name of the Limited Liability Compan (A Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L15000 (193).4</u> . This amendment is submitted to amend the following:	were filed on <u>7/10/2015</u> a	nd assigned
A. If amending name, enter the new name of the limited liabil	lity company here:	
A. If amending name, enter the new name of the named hand	my company neve.	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	5250 LINWOOD Rd	·
(Principal office address MUST BE A STREET ADDRESS)	Placi2a fl 33946	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:		FILED FIART OR R 26 F
New Registered Office Address:	Enter Florida street address	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		CO GET
	, Florida	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>	Name	Address	Type of Action
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