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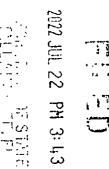
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Certified Copies	_ Certificates	of Status
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Office Use Only



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A. BUTLER OCT 1 4 2022

COVER LETTER

Division of Cor			
SUBJECT:	Precision 1	Wood Flooring ited Liability Company	LLC
	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Krist	Name of Person	NY
		Name of Person	
	Precisi	on Wood Finn/Company	Floringle
		Firm/Company	
	4534	County line 1	rd.
		Address	
	Tegvesto	City/State and Zip Code Ten C 00 9 have 0 UV to be used for future annual report no	
	Y	City/State and Zip Code	Din I com
	LYIS)	en coughanour	difficultion)
			different p
For further information c	oncerning this matter, please c	all:	
Kvisten		7,661,42	1 9400
Name o	l'Person	at (561) 4-2 Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ted Liability Company as it now appears on our records UI
(A Florida Limited Liability Company) 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Type of Action
M6R	Kristen Coughanour	7534 County line rd Feguesta FL,33467	□Add
			Aremove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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			□ Change
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			□Remove
			□Change

). If amendin	g any other infor			(Attach additional		essary.)
	aking	Kristen	L Cou.	ghanour	0ff	o (
p	recision	Wood	FLOUR	ing LLC	lear	ulna
	Jeffrai	Coual	1 anour	ing LLC		
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Note: If the	ate, if other than date is listed, the date date inserted in th effective date on th	is block does not it	eet me appucat	date of filing or more to the statutory filing red	(opti han 90 days after quirements, thi	onal) rfiling.) Pursuant to 605.020 s date will not be listed as
the record specerord is filed.	cifies a delayed effo	ective date, but not	an effective tim	ne, at 12:01 a.m. on th	ne earlier of: (b	o) The 90th day after the
Dated	July	17th	2022 ~ B1	Ized representative of a	1	
-	Krista	signature of a fi	ouah an	MV I name of signee	monicei	