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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precision Soils and Drganics LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Marquis Foster Name of Person
Precision Soils and Organics LLC
6095 POIK City Rd
Property prepadutions a yarco. com E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Marques Toester at (407) 591. 670 (o Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCErtificate of Status Scentified 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Precision Solls (Name of the Limited Liability Comp. (A Florida Limited	and Dranics LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L\6000</u> 15955	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6095 Folk City Rd Haines City Fl 33844
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	318 Polphin way Poinciana, Fl 34759 US
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Mew Registered Office Address: 6095	Folk City Rd Enter Florida street address
laines	City Florida 33844 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

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>	Address	Type of Action
P	Sheila Foster	318 Oolphin way	[Z/\dd
		Poinciana, F1 34759	<u>}</u> □Remove
			□Change
<u> </u>	MArquis Foster	318 Dolphin way	tZAdd
		318 Dolphin Way Binciava Fi 34759	□Remove
			□Change
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<u>e:</u> If the date	f other than the s fisted, the date mus inserted in this bl tive date on the D	lock does not me	eet the applica	20 Sto date of filling of able statutory f	or DD or more than 90 d iling requireme	_ (optional) ays after tiling.) l ents, this date w	Pursuant to 605.020 fill not be listed as
	a delayed effectiv	e date, but not a	ın effective tir	me, at 12:01 a.	m. on the earli	er of: (b) The	90th day after the
filed.							
s filed.	<u> 20 - 22</u>	·		·			
s filed.	20-22 Man					<u></u>	

Filing Fee: \$25.00