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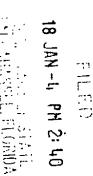
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S. WARREN JAN 05 2018

COVER LETTER

TO:	Registration Se Division of Cor			
		HOME IMPROVEMENTS LL	С	
SUBJ	JECT:	Name of Lin	nited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		William J. Henry, Jr		
			Name of Person	
		PRECISE HOME IMPRO	VEMENTS LLC	
			Firm/Company	
		12864 SW 51ST AVE		
			Address	
		OCALA, FL 34473		
		WHENRY 1978@AOL.CO	City/State and Zip Code	
		· -	to be used for future annual report notif	ication)
For fi	urther information c	oncerning this matter, please c	all:	
Willi	am J. Henry, Jr		352 362-0280	
	Nшпе о	f Person	Area Code Daytime	: Telephone Number
Enclo	sed is a check for the	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISE HOME IMPROVEMENTS LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our r imited Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Corlorida document number L17000147055	mpany were filed on $\frac{7/10/2017}{}$.	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
RECISE HOME IMPROVEMENTS OF OCALA L.L.C		
e new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	
		
If amending the registered agent and/or registe gistered agent and/or the new registered office address Name of New Registered Agent:		cords, enter the name of the
New Registered Office Address:	Proceedings of the state of the	
	Enter Florida street a	
	City	_, Florida Zip Code
ew Registered Agent's Signature, if changing Registered	•	
hereby accept the appointment as registered agent an rovisions of all statutes relative to the proper and con eccept the obligations of my position as registered age eing filed to merely reflect a change in the registered	nd agree to act in this capacity aplete performance of my dutie at as provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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>Address</u> Type of Action Name | _□ Add _□ Remove _ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change □ Remove ☐ Change □ Add ☐ Remove 8

__ Change

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Iffective da	ite, if other than	1 the date of fili	ng:		(optio	nal) filing.) Pursuant to 605.0	
Note: If the	date inserted in th	te must be specific ar his block does not the Department of	meet the applical	o date of filing or mo ble statutory filing	re than 90 days after requirements, this	filing.) Pursuant to 605.0 date will not be listed)207 d as
		ayed effective record is filed		an effective ti	me, at 12:01 a	.m. on the earlier	r of
Dated						· ·	
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		y gilana Col	emoer or audior	a.ca representante	or a member		
			_			1	•
	William	5. Henr	4 5,			<u> </u>	
 	William.	5. Henr	Typed or printed	name of signee		PH, 2: 40	

Page 3 of 3

Filing Fee: \$25.00