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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Preci			
	Name ofil.	limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are s	submitted for filing.	
Please return all corresponde	ence concerning this mate	ter to the following:	
	SKV	ppy crawford	
		Name of Person	
	Precision	On Custom Hom	es, uc
	4414 N	J 216th St	
		Address	
	Lawte	4 FL 32058	>
		City/State and Zip Code	
	SKipp	. crawford @ Gm	ail.com
	E-mail add res	s; (to be used for future annual report noti	fication)
For further information conc	cerning this matter, please	e call:	
		<u>.</u>	
- Hontey 1	EStes	m (904) 364-	6751
Name of Pe	rison	Area Code Daytim	e Telephone Number
Enclosed is a check for the t	ollowing amount:		
	S \$30.00 Filing Fee & Certificate of Status	S55.00 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

(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company)
The Articles of Organization for this Limited Inability Company were filed on 10-6-2017 and assigned
Florida document number L17000206936
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" of the abbreviation "LLC" of the abbreviation "LLC" or the abbre
Enter new principal offices address, if applicable: (Principal office address MUST RE 4 STREET ADDRESS)
(Principal office address MUST BE A STREET ADDRESS)
<u></u>
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
, Florida
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 re gistered office address. I hereby confirm that the limited liability
company has been notified in writing of this ch ange.

If Changing Registered Agent, Signature of New Registered Agent

If amend or remov	ing Authorized Person(s) authorized t	o manage, enter the title, name, and address of eac	h person-being added
MGR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Lawley F1 320587	☐ Remove
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The 90th day	after the record	is file d					
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