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COVER LETTER

Division of	Corporations		
PRETT SUBJECT:	TY & POSH LLC		
	Name of Limit	ed Liability Company	
The enclosed Article	es of Amendment and fee(s) are subn	nitted for filing.	
	respondence concerning this matter to	-	
	MACHERIE RHYANT		
		Name of Person	
	2477 BAY CREST LANE	Firm/Company	
	LOGANVILLE. GA 30052	Address	
	PRECSIONCREDIT123@G		
For further informati	E-mail address: (to ion concerning this matter, please cal	be used for future annual report notifi 1:	ication)
MACHERIE RHYA	-	772 971-8979	
Na	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	S30.00 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:

TO:

Registration Section

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 FILED

PRETTY & POSH LLC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11702227 and assigned Florida document number L17000232840 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRECISON HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1100 PEACHTREE ST NE, SUITE 250 Enter new principal offices address, if applicable: ATLANTA GA 30309 (Principal office address MUST BE A STREET ADDRESS) 1100 PEACHTREE STINE SUITE 250 Enter new mailing address, if applicable: ATLANTA GA 30309 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
CFO_	Macheria Rhyont	599 Books Humpton dr Tallanasio F- 323	☑ Ādd \\
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Note: If the dat	is listed, the date must be specified in this block dective date on the Departi	oes not meet the applicable	ate of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursuant to 60 eents, this date will not be lis	05.0207 (3 sted as th
the record spe) The 90th da	ecifies a delayed effe ay after the record i	ective date, but not a s filed.	n effective time, at :	12:01 a.m. on the earl	lier of:
Dated		2019			
	Wachen.	ture of a prember or authorize			
	Signa	ture of a member or authorize	d representative of a member	``	

Page 3 of 3

Typed or printed name of signee