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S. YOUNG

COVER LETTER

TO:	Registration So Division of Cor		<i>.</i>			
CHD 1E	PRECISE	CAD LLC				
SUBJE	.C1:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		CARLOS A GUZMAN				
			Name of Person	·		
		PRECISE CAD LLC				
			Firm/Company		18 S: A I:	
8746 OVERLOOK DRIVE					LLAHV	<u> </u>
			Address	<u> </u>	ASS ASS	
WESLEY CHAPEL, FL 33545						FILED
		Carlosguzman036@gmail.c			LORIDA LORIDA	CED
For furt	her information c	n-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	ication)		
Carlos	A Guzman		845 242-8226			
	Name o	f Person		Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$ 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

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 CAD LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	ampa, 01/03/2018 and assigned
Florida document number	····	
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company b	<u>iere</u> ;
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	ALEO
(Principal office address MUST BE A STRE	ET ADDRESS)	28 A T
	_	ASSA - L
		m o m
Enter new mailing address, if applicable:		FLO T
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		Α
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	LEANDRA CARRILLO	
New Registered Office Address:	8746 OVERLOOK DRIVE	
	Enter Flo	orida street address
	WESLEY CHAPEL,	, Florida 33545
	City	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS GUZMAN	8746 OVERLOOK DRIVE WESLI	■ Add
			□ Remove
MGR	LEANDRA CARRILLO	8746 OVERLOOK DRIVE WESL!	
			■ Remove
			□ Change
			
			All ASSEE, FL
			FLORIDA
			□ Remove
			☐ Change
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Note: If the	ate, if other than the date date is listed, the date must be date inserted in this block effective date on the Depart	e specific and cannot does not meet the	applicable statut	iling or more than 90 ory filing requiren	(optional) days after filing.) I nents, this date w	Pursuant to 605.02	:07 (: as th
the record) The 90th	specifies a delayed e h day after the record	ffective date, b d is filed.	out not an effe	ective time, at	12:01 a.m. oi	n the earlier	of:
Dated TAM	1 РА,	08/0	3/2018				
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		matter of Britishing	or authorized tepre	асницуе от а тетр	ici		
(CARLOS A GUZMAN	<u> </u>	or printed name of				

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Filing Fee: \$25.00