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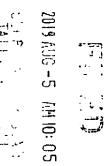
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COVER LETTER

то:	Registration Section Division of Corporations		a ,		•	
SUBJ	ECT: Precis	Name of Limit	AN & Rep ited Liability Company	nodel	LLC *	
The er	nclosed Articles of Amendme	nt and fee(s) are subi	mitted for filing.			
Please	return all correspondence co	ncerning this matter	to the following:			
		Tom	Phillip S Name of Person			
		Precisi	On Desidin	¢ Lew	rodel LLC	
		2282	72nd Ave	2 E		
	<u></u>		City/State and Zip Co		fication)	
For fu	rther information concerning	this matter, please ca	all:			
	Tom Philli Name of Person	ρs	at (941) Area Code	920- Daytim	2147 e Telephone Number	
Enclos	sed is a check for the followir	g amount:				
þ \$2		00 Filing Fee & rtificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is		☐ \$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

The Articles of Organization for this Limited Liability Company were filed on Florida document number U8000195082 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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, AMBR	Tom E Phillips	307 Country Mendows Way	Add
		307 Country Mendows Way Bradenton, FL 34212	□ Remove
			Change
			Add
			Remove
			Change
			Add
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			☐ Change
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ective date, if	other than the date of filing: (optional)	(ነኃክ
e: If the date i	inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ive date on the Department of State's records.	
ament 3 cricet	we date on the 19epartment of State S records.	
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r o
ne 90th day	after the record is filed.	
ed	June 3. 2019.	
	1: 2.12	
	1 11 11 11 11 11	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00