L18000260499

(Requestor's Name)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

Division of Corporations	
SUBJECT: Mikes Precision Corpenty, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CMristopher Morman Name of Person	
Mitte's Wecision Carpentry	
16012 CR 49 Methor Flogrand	4
Wellbarn, FL, 32094 City/State and Zip Code	
MPCLLC, Cake City Quricin, COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brandy Morman at (386) 297-5709 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$\square \text{\$\sqrt{\$30.00}}\$ Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) liability Company)	.
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000260499</u> .	were filed on <u>11/06/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7.89
		<u> </u>
		. 12
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new register
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	imiliar with and f this document is

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	Roberts-Dawk	ins Lake City, FL 320	<u>9</u> 4 □Remove
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ecord specifies a delayed effe is filed.	ctive date, but no	ot an effective tir	ne, at 12:01 a.m	, on the earlier o	of: (b) The 90	ith day after th
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