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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	





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COVER LETTER'

TO:	Registration Section Division of Corporations
SUBJI	ECT: PRISCISION INSTAULTERS PLUS LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	WILLIAM S DEVER
	PRIZEISION INSTALLINES PLUS LLC
	6643 CARNATION WAY
	PORT RILHIY PL 34668 City/State and Zip Code SDAVITO 2 G CMAIL. Corm E-mail address. (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u> </u>	Name of Person at (727) 247 - 6199 Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
€ 85	5 00 Filing Fee Solution Solut
	MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>L19000177916</u>. 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 City

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>	Name	Address 103.01.111	Type of Action
MGR	WILLIAM S D/W/ZR	G643 CARNATION WAY PORT RICHRY FL 3466	. 8 ₩ Add
			☐ Remove
			Change
			O Add
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Note:	ive date, if other than the date of filing: 7-10-2019 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	while & D
	Signature of a member of authorized representative of a member
	WILLIAM S DEVIER Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00