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S. YOUNG

COVER LETTER

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A1 (15 TE 230)		N PAINT LLC		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		PETER DACCHILLE		
			Name of Person	
		PRECISION PAINT		
			Firm/Company	
		1330 SW 7TH STREET		
			Address	
		BOCA RATON, FL 33486	,	
			City/State and Zip Code	
		INFO@PRECISIONPAINT		
		E-mail address: (to be used for future annual report	t notification)
For further i	nformation c	oncerning this matter, please c	all:	
JAMES DU	IRKIN		561 703118	2
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed is	a check for th	he following amount:		
□ \$ 25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Addre	
	gistration S vision of C	Section Corporations	Registration Division of	n Section Corporations
	O. Box 632	-		of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION PAINT LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	20.
The Articles of Organization for this Limited Liability Company Florida document number L19000218882	were filed on <u>08/27/2019</u>	and assigned 2
This amendment is submitted to amend the following:		PH 6: 14
A. If amending name, enter the new name of the limited liab	ility company here:	۳. ــــ
ITD INDUSTRIES LLC		Ē.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1625 SW IST WAY	
(Principal office address MUST BE A STREET ADDRESS)	BAY C15	
	DEERFIELD BEACH, FL 33441	
Enter new mailing address, if applicable:	1330 SW 7TH STREET	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33486	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	1712.4	
	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			[]Add
			□Remove
			□Add
			□Add
			□Remove
			□Change
			□Remove
			[]Change
			[]\/dd
			□Remove
			□ Change
			□Add
			□ Remove
			□Change

. Effec	tive date, if other than the date of filing:(optional) ffective 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 605.0207
(If an e	ffective 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 605.0207 [1] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
the reco	īled.
	1 01.14.2021
ecord is I	101.14.2021
ecord is I	Tour Cont
ecord is I	01.14.2021 Signature of a member or authorized representative of a member

Filing Fee: \$25.00