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T. MATTHEWS DEC - 8 2021

COVER LETTER

Division of Co			
Precision	Kitchen, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeffrey Smith	-	
	Precision Kitchen, LLC	Name of Person	
	Precision Kitchen LLC #1077, 2	Firm/Company 500 W International Speedway Blvd, Suite 9	
	Daytona Beach, FL 32114	Address	
	captsmitty@gmail.com	City/State and Zip Code	
	E-mail address; (to be used for future annual report notif	ication)
for further information (leffrey Smith	concerning this matter, please e	786 717-8319	
Name (of Person	at () Area Code — Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration of Control Division of Control P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations illahassee Street, Suite 810

ARTICLES OF AMENDMENT 22 PA 3: 23 TO ARTICLES OF ORGANIZATION OF

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(<u>Name of the Limited Liabi</u> (A Florid	ility Compan da Limited Li	y as it no ability C	ompany)	ar records.)	
The Articles of Organization for this Limited Liability Florida document number 1.19000247065	Company w	vere file	ed on	19 	and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liabili	ity com	pany here:		
The new name must be distinguishable and contain the words "Li	mited Liabilit	y Compa	any," the designat	ion "LLC" or the	abbreviation "L.1C."
Enter new principal offices address, if applicable:		Precisi	on Kitchen LLC	C#1077	
(Principal office address MUST BE A STREET ADDRE		2500 W International Speedway Blvd, Suite 900			
Tracque office didices most be restricted insertings		Dayto	na Beach, FL 32	2114	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office at :	ddress (on our record	s, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	Jeffre	<u>u</u> j	Smith	7	SOD W Internations SeeDway Blud,
New Registered Office Address:	asion K	.t che	Enter Florida str	eet address	suite 900
T	say tor	γα City	Beach	Florida	32114 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 of removed from our records:

MGR = M $AMBR = A$	lanager authorized Member	Address 21 HOW 22 PH 3: 23	
<u>Title</u>	<u>Name</u>	Address 21 HOV 22 VA	Type of Action
MBR	WAGNER, JASON B	908 2ND STREET	-
		PORT ORANGE, FL 32129	= n
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