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## **COVER LETTER**

	Registration Se Division of Cor			
CUD IECT		CISION MACHINING TECHN	OLOGY LLC	
SUBJEC'	1: <u> </u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	urn all correspo	ondence concerning this matter	to the following:	
		David Gomez Batistapau		
			Name of Person	
		DGB PRECISION MACH	IINING TECHNOLOGY LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		316 Lamella Ave.		
	Address			
		Lehigh Acres,FI,33974		
			City/State and Zip Code	
		dgomezbpau@hotmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please c	all:	
David Go	mez Batistapat	1	239 8399346	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	he following amount:		
■ \$25.00	0 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)
	failing Addres		Street Address:	
	Registration S		Registration Se Division of Co	
	Division of C P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2022 11 11 11 10: 56

DGB PRECISION MACHINING TECHNOLO	OGY LLC	
( <u>Nume of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L20000098145		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRE	ESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	e.nier v ioriaa sireet address	
<del></del> -		AZin Code
	City	zm 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
AMBR	David Gomez Batistapau	316 Lamella Ave, Lehigh Acres, FL, 33974	
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			[] Change
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		<u></u>	□Remove
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ective date, if other thar effective date is listed, the dat te: If the date inserted in the	e must be specific a	ind cannot be prior to	date of filing or mo	re than 90 days after ti	ling.) Pursuant to 605,020 fate will not be listed a
ument's effective date on t	he Department of	f State's records.	ne matatory ming	requirements, this	
cord specifies a delayed eff s filed.	ective date, but n	ot an effective tim	ic, at 12:01 a.m./6	the earlier of: (b)	The 90th day after the
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