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(Requestor's Name)				
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S. PRATHER

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
0.115.127.299	PRECISION CUTZ LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		ALEXANDER ROSADO			
			Name of Person	<u></u>	
PRECISION CUTZ					
	Firm/Company				
	15275 COLLIER BLVD STE #201 #187				
	Address				
NAPLES, FL 34119					
		AROSADO0489@GMAIL	City/State and Zip Code .COM		
For further is	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	otification)	
ALEXANDI		,	305 393-2523		
Name of Person			at () Area Code Dayti	ine Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			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 Company as it now appears on our records.)

PRECISION CUTZ LLC

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 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 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
			□\dd
			□Remove
			□Add
			□Remove
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