L21000162815

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2023

MICHELLE A KING 6810 LYONS TECHNOLOGY CIRCLE STE 100 COCONUT CREEK, FL 33073

SUBJECT: PRECISION CODE STUDIOS OF FLORIDA, LLC

Ref. Number: L21000162815

We have received your document for PRECISION CODE STUDIOS OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

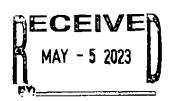
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers Regulatory Specialist III

Letter Number: 723A00008783



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Precision Code Name of Limite	Studios of Florida, LLC ed Liability Company				
The enclosed Articles of Amendment and $fee(s)$ are subm	nitted for filing.				
Please return all correspondence concerning this matter to	o the following:				
Michalla Jem Tax J	the following: A King Name of Person Market of Person A CLOUNTING School of Firm/Company				
6810 Lyons	S Technology Cir, Ste 100				
Coconut C	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michall A King	at 954) 482 - 0356 Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations				

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision Co	ede Studios of Flo	orida, LLC	
(A Florida	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number <u>L2[00]</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim Precision Code St The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDITIONAL STR	uted Liability Company," the designation "LLC" or	the abbreviation TL.C." SSOLD AND THE STATE OF THE STATE	
		- 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		,	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d 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		
	, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			HASSEE S
			الماريخ الماري
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			(□Change
			□Add
			□Remove
			□Change

Filing Fee: \$25.00