L21000193935

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Registration Se Division of Cor			
,	P : 110	3	
SUBJECT:	Recision Luts, LLC Name of Lim	ited Liability Company	
	· ·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LaJarous	Name of Person	
	Precision a	Firm/Company	
	1626 W Jeffer	son St Address	
	Quincy FL 3239	City/State and Zip Code	
	Drellel Duches	Cabri	0
	E-mail address: (Com to be used for future annual report notification)	
For further information c	oncerning this matter, please c		HAY TAY
La Jarous.	Davis	at (850) 296-4356	- ca-
Name o	f Person	Area Code Daytime Telephone No	umber \geq $=$
Enclosed is a check for the	ne following amount:		։ 2կ
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	'. 010
Tallahassee, l	FL 32314	2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision Cuts, 4	LC			
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L21000193935</u>	Company were filed on $\frac{4/26/2021}{}$	and	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "1.	imited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		YEAY	•	
B. If amending the registered agent and/or register agent and/or the new registered office address here		me of-the	new registered	
	·	\triangleright		
Name of New Registered Agent:		=	·	
New Registered Office Address:		<u></u>		
	Enter Florida street address			
<u> </u>	, Florida _			
	City	Zip Coa	de	

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LaJarous Davis	109 Patton St	TAdd
		Quincy, FL 32357	□Remove
			□ Add
			□Remove
			□Change
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fective date, if other n effective date is listed, to te: If the date inserted cument's effective date	he date must be specif I in this block does	ic and cannot be price not meet the application.	icable statutory fi	more than 90 days at	otional) fter filing.) Pursuant this date will not b	to 605.02 be listed
ecord specifies a delayons filed.	ed effective date, bu	it not an effective	time, at 12:01 a.n	n. on the earlier of:	(b) The 90th day	y afte r th
ted May 1		2021	- 0	.		
	/-					