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(Re	equestor's Name)		
(Ad	ldress)		
———(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
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(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
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COVER LETTER

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SUBJECT:	Precision C	argo LLC				
SUBJECT.		Name of Lin	nited Liability Compan	у		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ndence concerning this matter	_			
		Christopher Salaman				
			Name of Perso			
		Describe Comments	Name of Perso	a		
		Precision Cargo LLC				
			Firm/Company	y		
		1860 spring pond point Ap	ot. 316			
	Address					
		Winter Springs, FL 32708				
			City/State and Zip	Code		
		Precisioncargolle@hotmail	.com to be used for future a			
For further is	nformation c	oncerning this matter, please c		iman report nounc	ation)	
Christopher		oncerning and manter, preude e	321	482 - 1977		
Christopher		6 D	at (1		71.
	Name o	f Person	Area Code	Daytime 1	Celephone Number 202	* ,
Enclosed is a	a check for th	ne following amount:			Telephone Number	<i>:</i>
≡ \$ 25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	рy	Section of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	3
					24	
Re Div P.C	dling Addres gistration S vision of C D. Box 632 Hahassee, F	Section orporations 7	Reg Div The 241	et Address: gistration Sectivision of Corpo Centre of Tal 5 N. Monroe S lahassee, FL 3	orations Hahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision Cargo LLC			
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L21000222922	Liability Company	were filed on 05/13/2021	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited fial	oility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<u>. </u>
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE BOX)		 -	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, enter the nam	e of the new registered
Name of New Registered Agent:	NA		
	NA	· · · · · · · · · · · · · · · · · · ·	26.
New Registered Office Address:		Enter Florida street address	- 121
		Florida	
		City: Florida	Zψ Code -
New Registered Agent's Signature, if changing Registered Agent:			Þ .7
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of my duties, and I am J provided for in Chapter 605, F.S. Or,	familiar with and if this document is

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
MGR	Jose Salaman	4487 four lakes dr. Melbourne, FL 32940	
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			□Add
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fective date, if other than the in effective date is listed, the date ma ote: If the date inserted in this becoment's effective date on the I ecord specifies a delayed effective	ist be specific and ca lock does not mee Department of Stat	unnot be prior to date et the applicable s te's records.	atutory filing requ	irements, this date	will not be listed as
is filed.					<u></u> .
nted May 24	:	2021			
					
12					
	Signature of a mer	nber or authorized	epresentative of a п	ember	
Christopher Salaman					

Filing Fee: 5.00