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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Precision	on Custom Renovations LLC		
SUBJECT	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Shawn Coon		
		Name of Person	
	Precision Custom Renoval	tions LLC	
		Firm/Company	<del></del>
	8110 Greenbrier CT		
		Address	
	Spring Hill.FL 34606		
	<del></del>	City/State and Zip Code	
	SHAWNCOON044@GM/		
	E-mail address: (	to be used for future annual report not	ification)
For further information	on concerning this matter, please c	all:	
Shawn Coon		352 428-7394 at()	
Nar	me of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e   S30.00 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
Mailing Ad		Street Address:	action
-	on Section of Corporations	Registration Se Division of Co	
P.O. Box		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision Custom Renovations LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Collorida document number L600368586316	ompany were filed on 06/19/2021 	and assigned
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	
nter new mailing address, if applicable:		. <u></u>
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered gent and/or the new registered office address here:</li> </ol>	office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	ida 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 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	Shawn Coon	8110 Greenbrier CT Spring Hill FL 34606	<b>=</b> Add
			□Remove
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
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Effective date, if other that If an effective date is listed, the date: If the date inserted in document's effective date or	ate must be specific this block does r	e and cannot be prion not meet the appli	r to date of filing or me cable statutory filing		ling.) Pursuant to 605,0207
ne record specifies a delayed e ord is filed.	ffective date, but	not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	
. July 19		2021			
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