# L21000384895

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Precision Ops Telecommunications UC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Madia Thompson Name of Person  Preasion Opi Tele Communications LLC Firm/Company
21 Mulberry Grae Rd-
Royal Pain Black Ft. 33411  City/State and Zip Code  Nethons 8412 email. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (576) SOI OJJ5  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee,     Certificate of Status   Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prousing Ops Tel	ecompany as it now appears on our rida Limited Liability Company)	records.)		_
The Articles of Organization for this Limited Liability Florida document number <u>L21003848</u>	y Company were filed on 11/12	1/2021	and	assigned
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the I  Light on Time Techno  The new ame must be distinguishable and contain the words."	/10	n "LLC" or the abb	reviation	ı "L.IC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	<u>DRESS)</u>	<del></del>	~	· · · · · · · · · · · · · · · · · · ·
			21 DEC 2	<u> </u>
Enter new mailing address, if applicable:			 	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		17	A	<del></del>
			32	many Distance
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>e</u> :	enter the name	or the	new registered
Name of New Registered Agent:		_		<del> </del>
New Registered Office Address:	Enter Florida street	t address		<del></del>
	THE TRANSMISSION			
	City	Florida	Zip Ce	ode

#### 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
			□Add
			□Change
			□Add
		Remove	
			□Add
		····	□Remove
		□Change	
			□Add
		□Remove	
			Change
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
			□Change

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(If an <u>Note</u>	ctive date, if other than the date of filing:
If the r (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d 12/27 . 2021.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Naga Morpson