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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
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Office Use Only





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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Precision Croft Name of Lin	Innovation (0	LLC	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Preci	SIGN (CCF) INN() Name of Person	vation (o LL(
				7
		Firm/Company		-
	320	Kingfish Dr		; =
		Address	<u> </u>	343
	Puncio	ING FL 34759 City/State and Zip Code		18 AMP: 13
		raftinnovation a give		္) က
For further information of	concerning this matter, please c	all:		
<u>Keandra</u>	Minnis of Person	at (<u>305</u>) <u>900 90</u> Area Code Daytime	OT(): Telephone Number	-
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	tatus &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision Craft	innoval	(0 n	CO LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appeared Liability Company)	rs on our record	<u>ds.</u>)	_	
The Articles of Organization for this Limited Liability Compa				assigned	
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited I	iability company he	ere:			
The new name must be distinguishable and contain the words "Limited Li					_
the new name must be distinguishable and contain the words "Limited Li	iability Company, the d	designation "LLC	3 or the abbreviation	"IIC.	
Enter new principal offices address, if applicable:			-1		_
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			::3 	
				- 13 - 13 - 13 - 13	
				CO.	
Enter new mailing address, if applicable:			, ;	جن	
(Mailing address MAY BE A POST OFFICE BOX)			.2, ,,	=	-
	= .			<u> </u>	_
B. If amending the registered agent and/or registered offic	ce address on our r	ecords, <u>enter</u>	r the name of the	new regist	terec
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	rida street addres	zv		_
		, FI	lorida		
	City		Zip Co	de	_
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>				

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>Name</u> Title Address **Type of Action** DWayne L Colley 320 kingfishi Dr DANG Poinciuna FL 34759 Change . □Add É≣ □ Change 300 \square Add □Remove _ 🗆 Change $\square \Lambda dd$ □Remove: _____ □Change _ □Remove

_ Change

			
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Effective da	te, if other than the date of filing: date is listed, the date must be specific and cannot be prior to	(optional	d)
Note: If the	date inserted in this block does not meet the applical	ble statutory filing requirements, this da	ng.) Pursuant to 605.0207 (ite will not be listed as t
document se	effective date on the Department of State's records.		
he record spee ord is filed.	ifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	07/15/2072.		
	Signature of a purpler of author	ized representative of a member	
	1/00		
_	<u> Flundia</u>	I NINNIS	

Filing Fee: \$25.00