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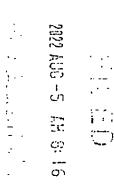
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:		tration S on of Co	ection rporations		
SUBJE	СТ:	Pr	Name of Line	ited Liability Company	·
			Name of Lim	nted Liabitity Company	
The enc	losed A	crticles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn al	I correspo	ondence concerning this matter	to the following:	
			<u> </u>	Name of Person	
			Piftision	(M. () M. M. () ()) Firm/Company	(vill
				Address	
			Pamilar	O(1 I 34754 City/State and Zip Code	
				to be used for future annual report notific	((, F)
For furth	ner info	rmation c	concerning this matter, please ca	all:	
	10 CC	`()	f Person	at (30) Area Code Daytime T	r (()
Enclosed	l is a cl	ieck for t	he following amount:		
⊉ \$25.	.00 Fili	ng Fee	☐ \$30.00 Filing Fec & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Addres	_	<u>Street Address:</u> Registration Secti	ion
	Divis	ion of C	Corporations	Division of Corpo	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precisco Craft Innovation Co-USC2 AUG-5 AH 6: 17 (Name of the Limited Liability Company as it now appears on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number <u>L22_0002633 L</u>
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 "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

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	DIAMONE L COICY	320 Lunglism dr	□Add
		Pantiana IL 34159	ZRemove
			□Change
APMyR	<u> Keandra I Minnis</u>	320 kingfish (li	
		Punciona 11 34754	□Remove
			□Change
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		fter the
Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member	

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