122000393087

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700428282477

RECEIVED

2024 HAY -3 AM 10:

3 AM 8: 39

SECRETARY OF STATE MALABASSALL FLOR

05/03/24

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/03/2024

D	ate: 05/03/2024	· 4:15W
	Acc#I20160000072	4: () = V
Name:	PRECISION ELECTRIC OF LAKE	ELAND, LLC.
Document #:		
Order #:	15532179	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	AH 8: 39
Filing: 🚺	Certified: ☐ Plain: ✓ COGS: ☐	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 25.00	

Thank you!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our rec	cords.)		
			and as	signed
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	LLC" or the abbrev	iation "l	.L.C."
Enter now principal offices address if applicable:			#4.3 (E.1)	
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 abbutter 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	:	••		
(Principal office adaress MUST BE A STREET ADDRESS)				
		13.5 v.	E.	
Enter new mailing address, if applicable:			တ	- V
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u> </u>	
agent and/or the new registered office address here:	address on our records, e	nter the hame o		
				
New Registered Office Address:	Enter Florida street d	address		
		_, Florida	0. 0	
	City		Zip Cod	e
	<u>:</u>	I Comelous come	i to coi	nnly with th

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>	<u>Address</u>	Type of Action
MGR	Tadd Crane	2730 Mine & Mill Rd., Lakeland, FL 33801	DAdd
			Remove
			□Change
MGR	David M. Filipowski	2730 Mine & Mill Rd., Lakeland, FL 33801	🗉 Add
			□Remove
			□Change
			□Add
			· Remove
		मार्च छ	Change ∴ i D Add
		. I.E.	□Remove
			Change
			□ Add
			□Remove
			□Change
			🗆 Add
		<u>. </u>	□Remove
			□Change

				_
				_
		_		
			- 	
			· <u>·</u>	
			-	٠,
		55	دي	
		SC	-	
		(Tiss 그룹-	<u> </u>	<u>\frac{\frac{1}{2}}{2} \tag{\frac{1}{2}}</u>
		TE	39	
				 .
				
ffective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be prior to	the College as more than 90 days after	onal) r filing.) l	Pursuant	to 605.020
take. If the date inserted in this block does not meet the applicab	le statutory filing requirements, th	is date w	/ill not	be listed as
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b) The	90th de	ay after the
d is filed.				
May 2 2024				
	_•			
Dar du Edini	ized representative of a member			

Filing Fee: \$25.00