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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Precis	sion AV Integrat		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Martino		
		Name of Person	
	Precision A	/ Integration LLC	
		Firm/Company	
	7901 4th St S	TE 300	2022 33.55
		Address	2022 DEC
	St. Petersbu	irg, FL 33702	1. 6
		City/State and Zip Code	
	_	ecisionAVIntegration.cor	<u>n</u> 5
		to be used for future annual report notifica	n
For further information e	oncerning this matter, please c	all:	
Brian Martin	0	_{at (} 561 ₎ 633-2538	
Name o	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	ne 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	on
Division of C	-	Division of Corpo	
P.O. Box 632 Tallahassee, l		The Centre of Tall 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision AV Integration LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000433343	were filed on 10/07/22 and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C	~ ··
Enter new principal offices address, if applicable:	Registered Agents Inc	
Principal office address MUST BE A STREET ADDRESS)	7901 4th St STE 300 🥳 🗟	
	St. Petersburg, FL 33702	
Inter new mailing address, if applicable:	Registered Agents Inc	
(Mailing address MAY BE A POST OFFICE BOX)	7901 4th St STE 300	
	St. Petersburg, FL 33702	
	i G	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new r</u>	<u>egi</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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 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	Michelle Martino	7901 4th St STE 300, St. Petersburg, FL 33702	
			□Remove
			Change
	-		□Add
			Change
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			∽ □Change
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	date, but not an ef	fective time.	at 12:01 a.m. o	n the earlier of	: (b) The 90th	n day after the
is filed.	, 201	22				
ecord specifies a delayed effective is filed. ted November 17)	d representative	of a member		

THE COLOR