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DIRECTOR'S OFFICE ONVISION OF CORPORATION OF CORPORATION OF TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RC PRECISION INTERIORS LLC 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:	
RICHARD FIGUEROA Name of Person	
RC PRECISION INTERLORS LLC Firm/Company	
449 SE BANCROFT CT Address	
PORT ST CUCIE, FL 34984-6661 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RICHARD FIGUEROA at (917) 971-2597 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ★ S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

RC PRECISION (Name of the Limited 1	J INTO	PRIORS L	on our records.)	2028 OCT 2 and	 .
			 ,)Ci	1
The Articles of Organization for this Limited Liabi Florida document number <u>L23000077176</u>	lity Company v	were filed on 2	13/23	≥.	: * *
This amendment is submitted to amend the following	ng:			4 9: 53	,
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here	<u>e</u> :		
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the des	ignation "LLC" or th	e abbreviation "l.	L.C."
Enter new principal offices address, if applicable	e:	9925 5	SOUTH U.S UCIE, FL	. Hwy 1	- APT# 205
(Principal office address MUST BE A STREET A	(DDRESS)	PORT ST L	UCIE, FL	34 9 52	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	9925 SC PORT ST LL	DUTH U.S., J DCIÉ, FL.	HWY 1 F 34952	7PT #205
B. If amending the registered agent and/or registered office address h		ddress on our rec	cords, <u>enter the r</u>	name of the ne	w registered
Name of New Registered Agent:	REBECC	A S. WE	LLMAN		
New Registered Office Address:	9925	A S. WE SOUTH U Enter Florid	J.S. HWY la street address	1 APT	# 205
		LUCIE			
		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.

Hebelca S Wellman
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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Actio
MGR	CHRISTOPHER O'SUILUAN	449 SE BANCADFICT PORT ST LUCIF FL 34984-6661	□Add
			XRemove
		·	□Change
MGR	REBECCA S. WELLMAN	9925 SOUTH U.S. HWY 1 APT#205 OUT ST LUCIF, FL 34952	X Ađd
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lf an eff <u>Note:</u>	ve date, if other than the date of filing: 10/20/23 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e recon rd is fil	
	10/20/22
Dated _.	10/20/23 2023. Ridged Future Signature of a pember or authorized representative of a member