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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations				
	Precision Ca	binetry And Design LLC				
SUBJE	:C1:	Name of Lim	ited Liability Company			
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspoi	ndence concerning this matter	to the following:			
		Kelsie Weeden				
			Name of Person			
			Firm/Company			:
		2690 Sunrise Blvd. Suite 3	00		- ;	
			Address	<del> </del>		
		Rancho Cordova, CA 9574	12		;	:
			City/State and Zip Code		ì.	:
		kelsie@pcdsackitchens.com	1		, ; .	t C
		E-mail address: (1	to be used for future annual report notifica	ation)	:	,
For fur	ther information co	oncerning this matter, please ca	all:			
Kelsie	Weeden		916 2932707 at ()			
	Name of	Per son	Area Code Daytime T	elephone Number		
Enclose	ed is a check for the	e following amount:				
□ \$2:	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Fil Certificate Certified (additional of	e of Stat Copy	us &

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 Cabinetry And Design LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our reco I Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	y were filed on March 6, 2023	and assigned
Florida document number L23000101959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
PCD Studios LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	.C" 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)		:
THE THE THE THE TENT OF THE BOTT		; · · · · · ·
	<u></u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	PSS
	_ F	lorida
<del>,,11.5.                                 </del>	Cin	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
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ctive date, if other than the effective date is listed, the date must lift the date inserted in this blument's effective date on the D	t be specific an ock does not	nd cannot be pri- meet the appl	icable statut			iling.) Pursua	
ord specifies a delayed effectiv filed.	e date, but no	ot an effective	time, at 12:	01 a.m. on the	e earlier of: (b)	The 90th	day after ti
March 24		2023					