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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precision Construction 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:
James A Beach Sr Name of Person
Firm/Company
1151 Circle Dr. Address
Lake Wales FL 33853 City/State and Zip Code Dames Deach 21 @ Cyma, 1. Com Established reserving to be used for future angust report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (757) 1094-8375 Arca Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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

(Name of the Limited Liabilit (A Florida	y Company as it now appears on or Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co Florida document number 4300313241	ompany were filed on <u>()</u>	29/3093 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Dames Beach Contracting of The new name must be distinguishable and contain the words dimi	<u> </u>	
The new name must be distinguishable and contain the words Zimi	ted Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet addr e ss
		, 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 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>	Name	Address	Type of Action
			□Add
			□ Remove
		V 2-2	□Add
			□ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove

Effe	ctive date, if other than the date of filing: (optional)
(If an o	effective 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 (2). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d 4/26/2024,
	d 4/26/3034, James A Black Sc. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	James A Beach 50 Typed or printed name of signee
	Typed or printed name of signee