## L23000351984

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## **COVER LETTER**

**Registration Section** 

Division of Cor	porations		
JBJECT: KH A	PRECISIONAL CC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	KRIST,	Name of Person	
	KH PRE	FCISION, UC Firm/Company	2023 NOV -7
	_3500 NE	STATERDAN 47 Address	134
	HIGH SPA	City/State and Zip Code  ON ILC O Yahao Co to be used for future annual report notif	8: 33 
	KHPRECISIO E-mail address: (	to be used for future annual report notific	lication)
for further information c	oncerning this matter, please c	all:	
KQISTIM A Name o	Housey f Person	at ( <u>406</u> ) <u>466°</u> Area Code Daytime	2752 e Telephone Number
Enclosed is a check for the	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)
		6	
Mailing Addres Registration S		Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, I	I		e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Articles of Organization for this Limited Liability Compan lorida document number <u>L23000351984</u>	pany as it now appears d Liability Company)  ny were filed on		23_:	ınd assi	gned
his amendment is submitted to amend the following:					
. If amending name, <u>enter the new name of the limited lia</u>	bility company here	· ·			
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the des	gnation "LLC" or the	abbreviat	tion "L.L	C."
nter new principal offices address, if applicable:	<u> </u>			~3	_
Principal office address MUST BE A STREET ADDRESS)			-[]	073	
			- <u></u>	NON E20	* 4i
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nter new mailing address, if applicable:				-9.5	
Mailing address MAY BE A POST OFFICE BOX)				<u>က</u>	
	<del></del> ;		• •	မ်	
. If amending the registered agent and/or registered office	address on our was	ando antautha maa	F 41	L	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	address on our rec	ords, <u>enter the na</u>	me of tl	ne new	registere
gent and/or the new registered office address here:			me of th	ne new	registere
Name of New Registered Agent:		ords, enter the na	me of the	ne new	registere
Name of New Registered Agent:	Enter Floride				registere
	Enter Floride City	strect address		Code	registere

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

1GR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
1MBR	ALEX. WHEELER	3500 NE STATEROAD 47	🗆 🗅 Add
		H164 SPALMGS, 7632643	Remove
			DChange
<u>ngr</u>	KRISTINA HOLDEN	3500 NE STATEROAD 47	_\\dd
		HIGH SPRINGS, 7232643	□Remove
			Change
<u>mbr</u>	KRISTIMA HOLDEN	SDOONE STATE ROAD 47	XiAdd
		HIGH SPRINGS, 7232643	≟: _ ⊡Remove-
		ini .	⊖ _ □Change
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rective date is listed : If the date inser	er than the date of I, the date must be spec ted in this block does ate on the Departme	s not meet the appl	icable statutory fil	more man 70 days a	ptional) fter filing.) Pur this date will	suant to 605.020 not be listed a
ord specifies a del filed.	ayed effective date, b	out not an effective	time, at 12:01 a.m	a. on the earlier of	: (b) The 90	th day after th
d DC TOBER	- 30, L	2023	·			
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