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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| ENTITY NAME <u>Prec</u> | sision E-Forming II, L | **WALK IN* |
|-------------------------|--|---|
| DOCUMENT NUMB | ER | |
| | **PLEASE FILE | THE ATTACHED AND RETURN** |
| xxxxxxxx | Plain Copy | |
| | Certified Copy | |
| | Certificate of Statu | s |
| | Certified Copy of A Certified Copy of A | rts & Amendments Complete File (Including Annual Reports) |
| | Certificate of Statu Certificate of Statu | s Reflecting; |
| COUNTRY OF DESTII | | / NOTARIAL CERTIFICATION** |
| NUMBER OF CERTIF | | |
| TOTAL OWED \$ 25. | 00 | ACCOUNT # 120140000108 United Corporate Services, Inc. Thank you so much! |

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

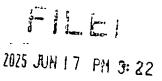
TO:

| Precision | E-Forming II, LLC | | |
|---------------------------|--|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Megan E. Hayden, Esq. | | |
| | <u>.</u> | Name of Person | |
| | Neuman, Hayden & Ames | , PLLC | |
| | | Firm/Company | |
| | PO Box 582 | | |
| | | Address | |
| | Tully, NY 13159 | | |
| | | City/State and Zip Code | |
| | renewals@neumandale.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information | concerning this matter, please co | all: | |
| | | at () Area Code Daytim | |
| Name | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the 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 Addre | | Street Address: | anti san |
| Registration | Section Corporations | Registration Sec Division of Cor | |
| P.O. Box 63 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Precision E-Forming II, LLC | | TALLANSSET LORIDA |
|--|--|---------------------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | ability Company as it now appears on our orida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liabilit | | 2024 and assigned |
| This amendment is submitted to amend the following | z : | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| PEF II Cortland, LLC | | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AL | ODRESS) | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | 2 | |
| | | |
| B. If amending the registered agent and/or registor agent and/or the new registered office address here. | | enter the name of the new registere |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | <u> </u> | |
| | Enter Florida stree | t 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 |
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| ective date, if other than th | e date of filing: | | | (optional) | |
| effective date is listed, the date m te: If the date inserted in this nument's effective date on the | ust be specific and cannot block does not meet the | e applicable statutor | ng or more than 90 da | ys after filing.) Pur | suant to 605.020 not be listed a |
| cord specifies a delayed effect s filed. | ve date, but not an effe | ective time, at 12:01 | a.m. on the earlier | of: (b) The 90 | th day after the |
| , June 16 | 202 | 5 | | | |
| ed | | • | | | |
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Filing Fee: \$25.00