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2024 APR 18 \$M 5: 10

COVERLETTER

Registration Section
Division of Corporations

TO:

PECISION SUBJECT:	CONSTRUCTION & DEVEL	OPMENT LLC	
SUBSECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA V. CASTELLAN	os	
		Name of Person	
	THE ELITE CARRIER SI	ERVICES OF MIAMI	
		Firm/Company	
	8245 NW 93RD STREET		
		Address	
	MEDLEY, FL 33166		
		City/State and Zip Code	
	VICKY@ELITECSOM.CO		
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
MARIA V. CASTELLANOS		786 413-8602 at ()	2
Name of Person		Area Code Day	rtime Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 17		Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PECISION CONSTRUCTION & DEVELOPMENT LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 04/03/2024 and assigned
Florida document number L24000158529	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
PRECISION CONSTRUCTION & DEVELOPMENT LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	APR 18
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Dlanda.
City	, Florida 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 a 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actie
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			□Remove
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Note: If the da	te inserted in th	the date of fi e must be specific his block does n he Department	iot meet the ap	plicable statu	iling or more th tory filing req	(option 90 days after this irrements, this	filing.) Pursuant date will not b	to 605.020 be listed a
e record specifi rd is filed.	es a delayed eff	Pective date, but	not an effecti	ve time, at 12	01 a.m. on the	e carlier of: (b) The 90th da	y after the
Dated APRIL	3		2024					
Dated		0		 ·				
		X)	JE.					
						 ,		
		Signature (of a member or	authorized repr	esentative of a r	nember		

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