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COVER LETTER

TO: Amendment Section Division of Corporations Precision Grade The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Precision Grade Ir FL 32960 City/ State and Zip Code awnteague PGI agmail. com address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn le Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

| | 10 | | |
|--|----------------------------------|----------------------------|---------------------|
| Art | icles of Incorporation | | |
| · · | of | | |
| Precision (| Grade The | | |
| | as currently filed with the Flo | oride Dent of State) | |
| | - | oriua Dept. or State) | |
| P22000 | <i>2052</i> 11 | | |
| (Document | Number of Corporation (if kn | nown) | |
| Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation: | ntutes, this Florida Profit Corp | poration adopts the follow | ving amendment(s) t |
| A. If amending name, enter the new name of the corpo | oration: | | |
| | | | |
| name must be distinguishable and contain the word "corpo | | | The new |
| (Principal office address MUST BE A STREET ADDRE C. Enter new mailing address, if applicable: | | | 202 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | - · | <u> </u> | |
| | | • | . = |
| | | | |
| | | | - 1 |
| D. If amending the registered agent and/or registered | office address in Florida, ent | er the name of the | 1,0,200 |
| new registered agent and/or the new registered office | ce address: | | ധ |
| Name of New Registered Agent Alex L | echiffilard | · | — — |
| | (Florida street address) | | _ |
| New Registered Office Address: | | . Florida | |
| | (City) | , | p Code) |
| | | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X_Change | <u>PT</u> | John Doe | |
|---------------------------------------|-------------|--------------------------|------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) 1) Change | Title ZR | Name Alex Lechifflard | 1626 20±CT SW 32962 |
| Add Remove 2) Change | | | Vero Bruch FL. |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove 4) Change | | | |
| Add | | | |
| Remove 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | - |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|-----------------------------|
| date this document was signed. | |
| Effective date if applicable: $\frac{(e//6/22)}{}$ | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder actio action was not required. | n and shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval. |) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | 11 |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| Dated 0/18/22 Signature | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| Show Teagle (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) D 1 1 | |
| tresident | |
| (Title of person signing) | |