L21000 406333

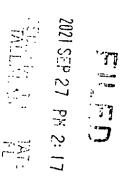
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CT 03 2021

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
	Tuine of Sin	ned Liaomiy company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTONIO SOLANO		
	-	Name of Person	··
	·	Firm/Company	
	3100 NW 15TH AVE		
	·	Address	
	MIAMI, FL 33142		
		City/State and Zip Code	
	ANSOLANO2017@GMAI		20 > i
	E-mail address: (to be used for future annual report notifies	ation) 52 2
For further information of	concerning this matter, please c	all:	
ANSOLANO2017@GM	IAIL.COM	786 443-5745	77
Name o	of Person	Area Code Daytime T	ation) 2021 SEP 27 PM 2: 11
Enclosed is a check for t	he following amount:		7
□ \$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 Address Registration		Street Address: Registration Secti	on

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

PRECISE CABINET MASTERS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	d Liability Company)			
The Articles of Organization for this Limited Liability Compar Florida document number L21000406333	ny were filed on 09/14/20	021	and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	ation "L.L.C" or the	abbreviation "I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u></u>		
			7021 SI	
Enter new mailing address, if applicable:			<u> </u>	* 5
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	1
			<u></u> 꽃	÷ 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, <u>enter the n</u> s	ne of the no	ew registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
	C''-	, Florida _	Zip Code	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	_			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent w being filed to merely reflect a change in the registered office	te performance of my a s provided for in Chap	haties, and I an ter 605, F.S. O	- i familiar wi r, if this doc	ith and cument is

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>	<u>Name</u>	Address	Type of Action
MGR	ANTONIO SOLANO	3100 NW 15TH AVE, MIAMI FL 33142	
			□Remove
			□ Change
MGR	FRANCES C MARTINEZ OLEA		□Add
		3100 NW 15TH AVE, MIAMI FL 33142	■Remove
			🗆 Change
			Remove 21 SEChange:
			BAdd 22
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

AC.	20/21
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