L03000011/85

(Red	questor's Name))		
- (Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificate	s of Status		

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EXAMINER

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COVER LETTER

Division of	Corporations	. :	
SUBJECT:	PRECIOUS	PROPERTIES, LLC	
SUBJECT:		ited Liability Company	_
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all con	respondence concerning this matte	r to the following:	
	Chri	stopher R. Johnson, Esq.	
		Name of Person	
	Chri	stopher R. Johnson, LLC	<u></u>
		Firm/Company	
		7 North Coyle Street	LCAN
		Address	HAS
		Pensacola, FL 32502	2011 AUG 12 PM 20 05 SECRETARY OF STATE TALL AHASSEE, FLORID
		City/State and Zip Code	PM SW OF
	спјо	ohnsonlaw@yahoo.com (to be used for future annual report notification)	
For further informat	ion concerning this matter, please	·	D
04.	Catalaha a Dalaharan	422.0520	
	istopher R. Johnson ame of Person	at (850) 433-8529 Area Code & Daytime Telephone Num	nber
Enclosed is a check	for the following amount:		
₹ 25.00 Filing Fe	e \$\square \	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

PREC	CIOUS PRO	<u>DPERTIES, LI</u>	_C		
(Name of the Limited) (A	Liability Compa Florida Limited	nny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on03/27/2003 and ass Florida document numberL03000011185					
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	oility company her	2:		
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compar	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7 North Coyle	Street	E T	
(Principal office address MUST BE A STREET ADDRESS)		Pensacola, Fl	32502	HANS	
Enter new mailing address, if applicable:		7 North Coyle	Street	OF STA	
(Mailing address MAY BE A POST OFFICE BOX)		Pensacola, Fl	. 32502		
B. If amending the registered agent and/or registered agent and/or the new registered offi	ice address her	<u>.e</u> :	ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Christopher	R. Johnson			
New Registered Office Address:	7 North Coy				
	Enter Florida street address				
	F	Pensacola,	, Florida	32502	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:	i			

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Kristie R.K. Johnson	9654 QUAIL HOLLOW BLVD PENSACOLA, FL 32514	Add Remove
MGRM	Christopher R. Johnson	7 NORTH COYLE STREET PENSACOLA, FL 32502	Add Remove
<u> </u>			Add Remove
			Add Remove
			Tadd Tremos
			ASSECTION OF THE PROPERTY OF T
D. If ameno	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessa	
_			
	0	A.	
Dated	Keiste	2011 RKAOhuso mber or authorized representative of a member	
		RISTIE R.K. JOHNSON	
		rped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00