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B. BOSTICK

FEB - 1 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations				
SUBJECT:	Precision Testing	g Services Company LL	_C		
		nited Liability Company	•		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:			
	Dean Santoro			_	
		Name of Person			
	Precision [*]	Testing Services Company	LLC	_	
		Firm/Company			
		540 Harbour Drive			
	 	Address		-	
		Naples FL 34103			.s .5
		City/State and Zip Code			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	E-mail address:	an@precisionTSC.com to be used for future annual report notified.	lication)	AHASSE	ည် အြဲ "အို ကြ
For further information	concerning this matter, please		,	41 -	
	one of the state o			EF. FLORIB	·当 ·当 · ·
	ean Santoro	at (_786)	312-9063	<u> </u>	21
Name	or rerson	Area Code & Daytim	e Telephone Numbo	ж >	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certifie	ate of Status	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations onter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION TESTING SERVICES COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 8/13/2004 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L04000060254 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma	naging Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	Lisa Santoro	116 Treble Cove Rd North Billerica MA 01862	_☑ Add _ Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_				
		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12 Jan 20				
Dated	January 23 , 2012	ORICA	<u> </u>				
	Signature of a mamba	authorized representative of a mountain					
		authorized representative of a member ean Santoro					
	Typed or printed name of signee						

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Filing Fee: \$25.00