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COVER LETTER

Divis	ion of Corpo	orations		
SUBJECT:	PRECISION	TESTING SERVICES COM	MPANY LLC	
SUBJECT: _		Name of Lim	nited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspond	dence concerning this matter	to the following:	
		Dean Santoro		
			Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		540 Harbour Drive		
			Address	
	<u>,</u>	Naples FL 34103	·	
			City/State and Zip Code	
		dean@pmrco.net		
		E-mail address: (to be used for future annual report notific	cation)
For further info	ormation con	cerning this matter, please c	all:	
Dean Santoro			978 332-3413 at ()	
	Name of P	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ng 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:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

15 JUN -2 AM 10: 08

FLORIDA DEPARTMENT OF STATE Division of Corporations

TALL/MASSLE, FLUMDA

May 11, 2015

DEAN SANTORO 540 HARBOUR DR NAPLES, FL 34103

SUBJECT: PRECISION TESTING SERVICES COMPANY LLC

Ref. Number: L04000060254

We have received your document for PRECISION TESTING SERVICES COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P12000067421 (PRM & ASSOCIATES INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Terri J Schroeder Regulatory Specialist II

Letter Number: 715A00009846

ARTICLES DF MENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION TESTING SERVICES COMPANY LLC

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our recorded Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L04000060254</u>	ny were filed on 8/13/2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
PMRCO LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	у
		2015
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u>.</u> .	
3. If amending the registered agent and/or registered		ds, enter the name of the
egistered agent and/or the new registered office address h	ere:	
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	City	. 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 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 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

MGR = Ma AMBR = Au	anager ithorized Member 🗳		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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iment's effective date on the Department of State's records.	
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Filing Fee: \$25.00