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ALLAHASSEE, FLORIO

D. BRUCE
DEC 19 2011
EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJE					
SUDJE			EM LTD.LIABILITY CO. ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		MARIA-TERESA LUJAN			
			Name of Person		
	Precision-Chem Ltd.Liability Co.				
	1702 SE Linpark Ct			<u> </u>	
Address				DEC 16 CRETARY LAHASSI	
		Poi	t Saint Lucie, FL 34952		
	City/State and Zip Code				
		n E-mail address: (n.lujan@comcast.net to be used for future annual report notification		
For fur	ther information	concerning this matter, please of	call:	DA A	
	Maria	a-Teresa Lujan	at (772) 626	-5600	
	Name	of Person	Area Code & Daytime Tele	phone Number	
Enclos	ed is a check for	the following amount:	,		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION-CHEM	ILTD.Liability	y CO.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	rs on our record	<u>ls.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on	7/07/201	1	and assigned
Florida document number <u>L05000092566</u>	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>·e</u> :		
REISS INTER-T				
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	any," the designa	tion "LLC	" or the abbreviation
Enter new principal offices address, if applicable:	1702 SE LIN	PARK CT	<u>≥</u>	
(Principal office address MUST BE A STREET ADDRESS)	PORT SAINT	LUCIE, FL	34962	8 11
•			ASS	0
•			RY OF	⊋ i⊓
Enter new mailing address, if applicable:			£	2
(Mailing address MAY BE A POST OFFICE BOX)			TATE	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>e</u>	nter the	name of the new
•				
Name of New Registered Agent:				
New Registered Office Address:				
-	En	iter Florida stre	eet addres	:s
		, Flori		
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nnager Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
	****		Add Remove
			Add Remove
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	- <u>54</u> 0
		ASSEE. FL.	H 913
	December 9th	2011 - 2011	D 2: 29
	Signature of a	member of a member MARIA-TERESA LUJAN Typed or printed name of signee	
		(Special brunea mains or pignes	

Page 2 of 2

Filing Fee: \$25.00