

LO7000111383

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 27 2009

EXAMINER

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: PRECISE MAINTENANCE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER VARDOUNIOTIS, SR.

(Name of Person)

PRECISE GROUP, LLC

(Firm/Company)

16300 NE 19TH AVENUE - STE. 202

(Address)

N MIAMI BEACH, FL. 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER VARDOUNIOTIS, SR.

(Name of Person)

at (305) 374 9688

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

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

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

PRECISE MAINTENANCE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on November 2, 2007 and assigned Florida document number L07000111383.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRECISE GROUP, LLC

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)

16300 NE 19TH AVENUE

STE. # 202

N MIAMI BEACH, FL. 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16300 NE 19TH AVENUE

STE. # 202

N MIAMI BEACH, FL. 33162

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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: CABANAS & ASSOCIATES, P.A.

New Registered Office Address: 10520 NW 26TH STREET - STE. C 201

(Enter Florida street address)

DORAL

(City)

, Florida 33172

(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 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GILBERT DE ARMAS	16300 NE 19TH AVENUE	<input checked="" type="checkbox"/> Add
		STE. 202	<input checked="" type="checkbox"/> Remove
		NO MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated March 16

2009

Signature of a member or authorized representative of a member

PETER VARDOUNIOTIS, SR.

Typed or printed name of signee