

L080000092963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

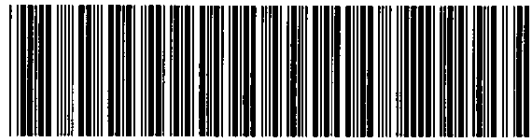
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 OCT - 1 PM 3:49
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
10 OCT - 5 PM 4:55
DEPT. OF STATE
DIVISION OF CORPORATIONS

B. KOHR

OCT - 6 2010

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PRECISION INVESTIGATIVE GROUP LLC.

Signature _____

Requested by: SETH

10/01/10 AM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

10 OCT -5 PM 4:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- ☒ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2010

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: PRECISION INVESTIGATIVE GROUP LLC
Ref. Number: L08000092963

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
10 OCT -5 PM 4:55

We have received your document for PRECISION INVESTIGATIVE GROUP 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):

This company was administratively dissolved on September 24, 2010, for failure to file the 2010 Annual Report.

Before this AMENDMENT can be filed, the company must file a Reinstatement, and pay \$238.75.

Please note that we have RETAINED the \$25.00 sent for the amendment filing.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 810A00023375

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 OCT -5 PM 3:49
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PRECISION INVESTIGATING GROUP LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -5 PM 4:55

The Articles of Organization for this Limited Liability Company were filed on 09/30/2007 and assigned
Florida document number LO8000092963.

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 "L.L.C." 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

_____, Florida _____

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 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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

SCARLETT J. VITA MGRM 90%

FRANK A. VITA MGRM 10% *INVESTOR

Dated

10-1 2010

SCARLETT J. VITA

Signature of a member or authorized representative of a member

SCARLETT J. VITA

Typed or printed name of signee