## L090000 5017

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S. HAWKES

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EXAMINER

## **COVER LETTER**

s s	, COVEREETTER	
TO: Registration Section Division of Corpo	ion	
SUBJECT: Etec	= Panels LLC	
	Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	James Payre Name of Person	
	Etec Panels Firm/Company	
	Firm/Company	
	4615 Cronin Dr	
	Address	
	Sprasofa Fl 34232 City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	cerning this matter, please call:	
James Pa	at (941) 321- 643 3  Person Area Code & Daytime Telephone Number	
Name of F	erson Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)

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**

_ Etec Panels LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recol Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compan	. 1	
Florida document number <u>Lò 90000 5017</u>		
This amendment is submitted to amend the following:	L'OLA CARLO DE	SECAL TAIL
A. If amending name, enter the new name of the limited lia Precision Building Systems  The new name must be distinguishable and end with the words "Lin		nation "LLC" or the abbreviation
"L.L.C."	inted Liability Company, the design	nation "LLC" or the abbrewation
Enter new principal offices address, if applicable:		REAL S
(Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N//	4
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:	AL/A	
New Registered Office Address:	Enter Florida str	reet address
	. Flo	
<del> </del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Barbosa	4615 Cronin Dr 52005240, Fl 34232	Add Remove
MGRM	Kirk Bryson	4615 Cronin Dr Sarasota, Fl 34233	Add Remove
			Add Remove
			Add Remove
			Remove T
,			And Item nove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	
Dated	,	·	
	Signature of a mem	WAL but or authorized representative of a member WAR ped or printed name of signee	
	Tyl	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00