## LD900001168

	/D		
	(Keq	uestor's Name)	
	(Add	ress)	
	(Add	ress)	
	•	,	
	(O:1	101-1-17:171	
•	(City	/State/Zip/Phone #	7)
PICK-L	JP	WAIT	MAIL
PICK-Ļ	JP	☐ WAIT	MAIL
PICK-L			
PICK-Ļ		WAIT	
PICK-Ļ	(Bus	iness Entity Name	
PICK-Ļ	(Bus		
PICK-Ļ	(Bus	iness Entity Name	: : :
PICK-Ļ	(Bus	iness Entity Name	; ;

Special Instructions to Filing Officer:

L. SELLERS

JUN 1 6 2009

**EXAMINER** 

Office Use Only



500156716915

06/15/09--01011--023 \*\*25.00

O9 JUN 15 AM II: 19 SECRETARY OF STATE SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations
CHIRIE	CT: PRECISION FINANCING CONSULTANTS, LLC
SUDJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	MAXIMILLIAN A. BOEHMER Name of Person
	Name of Person
	Firm/Company
	1509 W. SWANN AVE
	Address
	TAMPA, FL 33606  City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
г. с	
For fur	ther information concerning this matter, please call:
	MAXIMILIAN A. BOEHMER at (813) \$ 390 - 572/ Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>▼</b> \$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy

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

PRECISION FINAN	Shilly Company as it now appears on our records
(IVALLE OF the Difficulty Dis	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed onand assigned
Florida document number L09 00000 7168	·
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	1DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	7A
Name of New Registered Agent:	MAXIMILLIAN A. BOEHMER SET
New Registered Office Address:	From Florida atract and a Communication
	Enter Florida street address
-	City, Florida Zip Code.
New Registered Agent's Signature, if changing Regi	istered 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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> OLIVER S. ORLICKI MGR 1509 W SWANN AVE □Add Remove MAXIMILLIAN A. BOEHMER ISOF W SWANN AVE #240A 🗹 Add mar TAMPA, FL 3360b Remove ☐ Add Remove Add Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 2009 Signature of a member or authorized tepresentative of a member MACIMUMAN A. BOTHWERZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00