

LD9000007168

(Requestor's Name)

(Address)

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EXAMINER

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10 MAY 14 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Financing Consultants, 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:

D. Tobyn DeYoung
Name of Person

D. Tobyn DeYoung, P.A.
Firm/Company
4756 Central Ave
Address

St Petersburg, FL 33711
City/State and Zip Code

tobyn@sd-law.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Tobyn DeYoung at (\$13) 760-1586
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

D\$30.00 Filing Fee &
Certificate of Status

D\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

O\$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**

Precision Financing Consultants, 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 01/22/2009 and assigned
Florida document number L09000007168

This amendment is submitted to amend the following:

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

Precision Real Estate Consultants, 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: 4756 Central Ave
(Principal office address MUST BE A STREET ADDRESS) St. Petersburg, FL 33711

Enter new mailing address, if applicable: 4756 Central Ave
Mailing address MAY BE A POST OFFICE BOX St. Petersburg, FL 33711

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: D. Tobyn DeYoung

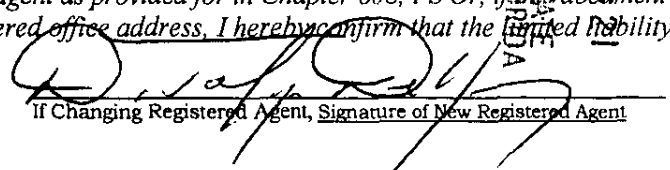
New Registered Office Address: 4756 Central Ave

Enter Florida street address

St. Petersburg, Florida 33711
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, FS 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 |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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

Dated May 6 2010



Signature of a member or authorized representative of a member

Maximillian Boehmer

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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 10 MAY 14 PM 12:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA