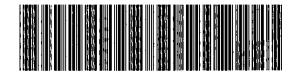
109000037347

(Requestor's Name)		
(Address)		
(nddress)		
(Address)		
(City/State/Zip/Phone #)		
(Oity/State/Zip/Filone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dogwood Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100162137601

12/07/09--01843--013 **30.00

no ner -7 PM 2:28

T. HAMPTON
DEC - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precision Auctioneers 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:
Russell Copher Name of Person
Precision Auctioneers LLC
1213 Cuttingin Place
Tampa Florida 33612 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Russell Copher at (813) - 373-0550 or 813-932-1119 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc
(additional copy is enclosed) 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**

recision Auc	tioneers LLC		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	111 1	and assigned	
_		90 VIS	
Florida document number L & 9 & & & 3734.	/	S10 9 0 1	
This amendment is submitted to amend the following:		NOF CO	
A. If amending name, enter the new name of the limited	l liability company here:	3 2000	
NIA		9R/ 19R/ 19R/	
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the designation "LL	C" or the brevietten	
Enter new principal offices address, if applicable:	1213 Cuttingin	Place.	
(Principal office address MUST BE A STREET ADDRESS		33612	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1213 Cuttingin Tampa, Florida	Place 33612	
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:	sell Copher	mr. /	
New Registered Office Address: 1213	Cuttingin Place Enter Florida street addre	ess .	
lam	Florida 3	3612 Zip Code	
Name Descriptioned Agent's Company of shanning Descriptioned Agent's	gant.		

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, thereby 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 **Address Title Type of Action** <u>Name</u> MGRM Charles Spigel □ Add Remove Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11/30

Page 2 of 2

Signature of a member or authorized representative of a member

OPher Typed or printed name of signee

Filing Fee: \$25.00