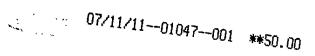
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TALLAHASSEE, FLORIDA

D. BRUCE
JUL 1 2 2011

EXAMINER

## **COVER LETTER**

1

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

SUBJECT:	UBJECT: Precision Medic LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	·	
Please return all corresp	ondence concerning this matter	to the following:		
		Gary King		
•	<i>i</i> *	144110 01 1 015015		
•	Precision Medic LLC			
		Firm/Company		
	20951 Oldenburg Loop			
-		Address		
-	Mount Dora, FL 32757		13 C	
	City/State and Zip Code		TAR J	
	Gk'	Oprecisionmedic.co	om	JUL 11 CRETAR
		-	ori notification)	m-<
For further information	concerning this matter, please of	ail:		PEFE
	Gary King	at ( 904 )	226-1172	
Name	of Person	Area Code &	Daytime Telephone Number	Þ
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	e of Status &
Regist	LING ADDRESS:	Registratio		
Division of Corporations P.O. Box 6327		Division of Clifton Bui	f Corporations ilding	

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECISION MEDIC LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)						
· · · · · · · · · · · · · · · · · · ·	rs on our records.)					
The Articles of Organization for this Limited Liability Company were filed on						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :					
The new name must be distinguishable and end with the words "Limited Liability Comp"L.L.C."	any," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	F					
(Principal office address MUST BE A STREET ADDRESS)						
•	HAAR U					
	SSE					
Enter new mailing address, if applicable:	लु 🖀 📶					
(Mailing address MAY BE A POST OFFICE BOX)	[S & []					
	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
<del></del>						
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter the name of the ne</u>					
Name of New Registered Agent:						
Name of New Registered Agent:						
Name of New Registered Agent:  New Registered Office Address:	ster Florida street address					
Name of New Registered Agent:  New Registered Office Address:	, Florida					
Name of New Registered Agent:  New Registered Office Address:						
Name of New Registered Agent:  New Registered Office Address:						

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>	Type of Action
MGMR	Eyesis Technologies In	Mount Dora, FL 32757	Add  Remove
MGR	Khai S Chang	2295 Weathered Wood Drive Leesburg, FL 34748	✓ Add ☐ Remove
·	<del></del>		Add Remove
, , ,			Add Remove
•			Add Remove
			Add Remove
D. If amend	ding any other information, en	ter change(s) here: (Attach additional sheets, if neces	SECRETARY
			RY OF STATESEE. FLORI
Dated	July 5th	, <u>2011</u>	O9
	Signature of	a member or authorized representative of a member	<del></del>
		Gary King	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00