#14000049165

(Requestor's Name)				
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(Business Entity Name)				
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SECRETARY OF STATE
SECRET

K.SALY EXAMINER APR -7 2014

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PRECISION MARKETING GROUP 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:				
Claude Mikhail				
Name of Person				
Precision Marketing Group LLC				
Firm/Company				
10323-A Cross Creek Blvd				
Address				
Tampa, FL 33647				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Claude Mikhail 813 973-2145				
Name of Person 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,				

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2014 APR - 3 PM 1:57
FALLAHASSEE. FLORID'S

PRECISION MARKETING GROUP 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 Compar	ny were filed on 03/25/2	U14 and assigned
Florida document number L14000049165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
1172 Harring Wall 255 11712 32 11 2 00 1 01 1 1 2 2 2 2 2 2 2 2 2 2 2	· · ·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of the n
New Registered Office Address:		
	Enter Florida street	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age		Ζην ζομε
		re de la lata
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	ete performance of my duti	ies, and I am familiar with and
accept the obligations of my position as registered agent a	as provided for in Chapter	605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGR	CLAUDE MIKHAIL	10323-A CROSS CREEK BLVD	Add (EDIT		
		TAMPA, FL 33647	Add (EDIT Aboles		
MGR	OLIVER DAWOUD	10323-A CROSS CREEK BLVD	— ■ Add (EDIT		
		TAMPA, FL 33647	AND DESS Remove		
					
			Add		
			□ Remove		
			_		
			Add		
			Remove		
			Add		
			 □ Add		
			□ Remove		

). If amending any other information, en	ter change(s) here: (Attach additional s	heets, if necessary.)
C. Effective date, if other than the date of (The effective date must be specific, cannot be price the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be mor	(optional) e than 90 days after
Dated MARCH 31	2014	
	11/11/1	
-	re of a member or authorized representative of a n	nember
CLAUDE MIKHA		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00