

**L15000047409**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H150001095513)))



H150001095513ABC

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LICENSES ETC INC  
Account Number : J20070000159  
Phone : (239) 777-1028  
Fax Number : (877) 275-5593

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: **ETC@LICENSESETC.COM**

**FILED**  
**2015 MAY -6 AM 8:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRECISION BUILDING, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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**15 MAY -6 AM 10:00**

**DIVISION OF CORPORATIONS  
COMMERCIAL  
INFORMATION SERVICES**

N. Cuffigan MAY -7 2015

(((H15000109551 3)))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PRECISION BUILDING, 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:

**LISA ADAMS**

Name of Person

**LICENSES, ETC.**

Firm/Company

**886 110TH AVE. N., SUITE #6**

Address

**NAPLES, FL 34108**

City/State and Zip Code

**ETC@LICENSESETC.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LISA ADAMS**

Name of Person

at ( **239** )

Area Code

**777-8321**

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

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

☐ \$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

(((H15000109551 3)))

To: Sunbiz LLC Amendment Page 1 of 8  
850-617-6381

2015-05-06 13:47:08 (GMT)  
5/6/2015 8:39:22 AM PAGE 1/001 Fax Server

From: Licenses Etc.



May 6, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LICENSES ETC INC

SUBJECT: PRECISION BUILDING, LLC  
REF: L15000047409

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document number is not the same as DOS records.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H15000109551  
Letter Number: 215A00009328

RECEIVED  
15 MAY -6 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
 (((H15000109551 3)))  
**2015 MAY -6 AM 8:20**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**PRECISION BUILDING, 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 03/16/2011 and assigned  
 Florida document number L15000047409

This amendment is submitted to amend the following:

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

*The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."*

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)

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H15000109551 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RICARDO R. GUAYARDO	384 MOORING LINE DRIVE	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 5, 2015

Signature of a member or authorized representative of a member

MICHAEL LAVERY

Typed or printed name of signee

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