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TALLAHASSEE FLORIO

FEB 1 & 2018

COVER LETTER

TO: Registration Section Division of Corpora	tions		
SUBJECT: Prec	Name of Limi	Operty & I ited Liability Company	nvestment, MC
The enclosed Articles of Amer	ndment and fee(s) are sub-	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	hoger	Williferd Name of Person	
<u> </u>	Precision 1	Property & I	nvestment, 110
-	1300 W	air Port B	IVD.
<u><</u>	San-ford Roger u	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	3' otmail.com
For further information concer	ning this matter, please ca	all:	
Roger W Name of Pers	illiford on	$\frac{1}{\text{Area Code}} \frac{407}{\text{Ode}} \frac{754 - 7}{\text{Daytime}}$	7673 Telephone Number
Enclosed is a check for the fol	lowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pre CISION Pro De (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	bility company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1300 West Air port BIVD Sanford, Fl. 32711
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3381 Dolarway Ave. Sanford FL. 32771
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the name of the new re:
Name of New Registered Agent: New Registered Office Address: SGn	O West Aluport BlVD. Enter Florida street address for d , 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:

MGR = Manager

AMBR = Authorized Member

Type of Action Title Address Name 1 1300 W Airwort Blue Sanford Fl. Roger Williford AMBR □ Remove · ☐ Change Change Ebonny King _□ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

							
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Note: If the date in:	serted in this block does to date on the Departmen	not meet the	applicable sta	itutory filing req	uirements, this	date will no	ot be listed
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ne record specifi	ies a delayed effect	ive date, l	out not an e	ffective time,	at 12:01 a.	m. on th	e earlier
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Page 3 of 3

Filing Fee: \$25.00