

L18000087199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

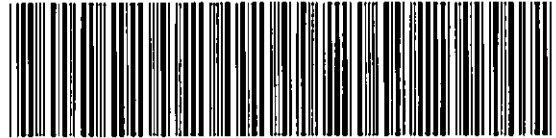
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400313938754

18 JUN 12 AM 10:41

FILED

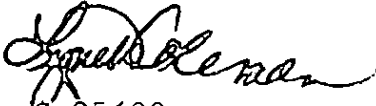
18 JUN 12 AM 8:25

FILED

18 JUN 12 PM 1:00

K SALY  
JUN 13 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 251197 5030276  
AUTHORIZATION :   
COST LIMIT : \$ 251.00

-----

ORDER DATE : June 11, 2018  
ORDER TIME : 9:28 AM  
ORDER NO. : 251197-005  
CUSTOMER NO: 5030276

-----

DOMESTIC AMENDMENT FILING

NAME: PRECISION ENGINEERING  
SOLUTIONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRECISION ENGINEERING SOLUTIONS, 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:

ERIN SHAUGHNESSY

\_\_\_\_\_  
Name of Person

MASTEC, INC.

\_\_\_\_\_  
Firm/Company

800 S DOUGLAS RD, 12TH FLOOR

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

Erin.Shaughnessy@mastec.com

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

For further information concerning this matter, please call:

ELLEN WIDOM

305  
at (\_\_\_\_\_) \_\_\_\_\_

406-1882

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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

PRECISION ENGINEERING SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 JUN 12 AM 8 26  
SEALBEE STATE  
CLERK OF COURT

The Articles of Organization for this Limited Liability Company were filed on 04/06/2018 and assigned  
Florida document number L18000087199.

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 "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) \_\_\_\_\_

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	STEVEN ROONEY	3314 56TH STREET	<input checked="" type="checkbox"/> Add
		EAU CLAIRE, WI 54703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	THOMAS JOHNSON	3314 56TH ST	<input checked="" type="checkbox"/> Add
		EAU CLAIRE WI 54703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	JOSHUA SCHULTZ	3314 56TH ST	<input checked="" type="checkbox"/> Add
		EAU CLAIRE, WI 54703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	ALBERTO DE CARDENAS	800 S DOUGLAS RD, #1200	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	ROBERT POTEETE	3314 56TH ST	<input checked="" type="checkbox"/> Add
		EAU CLAIRE, WI 54703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUN 12 AM 8 26

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

FILED  
JUN 12 AM 8:26  
18

F. 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

6/11 2018

Signature of a member or authorized representative of a member

ALBERTO DE CARDENAS

Typed or printed name of signee