## 118000175588

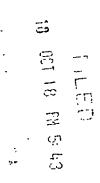
(Requestor's Name)	
(Address)	
(Address)	
(Address)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100319767551

10/18/18--01045--015 \*\*80.00



## **COVER LETTER**

	Registration Se Division of Cor		•	
cup ucc		rilling & Associates, LLC		
SUBJEC	· ;	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Helen Brunner		
			Name of Person	
		Precision Drilling & Associ	ciates, LLC	
		<del></del>	Firm/Company	
		5813 Nevada Avenue NW		
Precision I  5813 Neva  Washingto		Address		
		Washington, DC 20015		
		helen.brunner@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti-	fication)
For furthe	er information c	oncerning this matter, please ca	all:	
Helen Br	unner		202 213-0500 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
☐ \$25.0	0 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 Drilling & Associates, 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 \_\_\_\_\_\_ and assigned \_\_\_\_\_\_ and assigned 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELIYAHU A CIMENT	115 NE 3RD AVE, UNIT 311 FORT LAUDERDALE, FL 33301	
			Remove
		<del></del>	☐ Change
		<del></del>	□ Remove
			Change
			☐ Change
	, <u>, , , , , , , , , , , , , , , , , , </u>		PH
			□Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			Change

•		
<del>_</del> _ ,		
	<del></del>	
	<del></del>	
	8	•
	<u></u>	
ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be pr	rior to date of filing or more than 90 days after filing.) Pursuant to 605.	.020
ocument's effective date on the Department of State's recor	olicable statutory filing requirements, this date will not be listereds.	:a as
	not an effective time, at 12:01 a.m. on the earlie	er o
The 90th day after the record is filed.		
OCTOBER 1 2018		
ated	· · ·	
Simplify of a method of a	uthorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00