P00 000 106013

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(City/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRECISE PRINT	ING, INC	
	1BER: P00000106013		
	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	utter to the following:	
	Manuel Diaz		
		Name of Contact Perso	<u> </u>
	Precise Printing, Inc		
		Firm/ Company	-
	10669 SW 113 PI Unit Z		
		Address	-
	Miami, FI 33176		
		City/ State and Zip Cod	le
	mannydiaz68@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati Manuel Diaz	on concerning this matter, pleas		106 4650
	of Contact Person	at (<u>305</u>) 496-4650
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address endment Section ision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

PRECISE PRINTING, INC.

2020 OCT 13 PH 4: 54

PRECISE PRINTING, INC		2020 001 10 111 4-04
(Name	of Corporation as currently filed with t	he Florida Deptentistate ARY OF STATE
P00000106013		TALLAHASSEF, FI
	(Document Number of Corporation	
	•	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
Precise Insurance Adjusters, Inc.		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp." "Inc." or "Co". A professional	"incorporated" or the abbreviation "Corp.," I corporation name must contain the word
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
r incipia office address mics i be AS	TREET ADDRESS)	
	-	
C. Enter new mailing address, if appl	icable:	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
		
). If amanding the registered eacht or	d/or registered office address in Florida	a manatha and state
new registered agent and/or the new		i, enter the name of the
	Manuel Diaz	
Name of New Registered Agent		
	10669 SW 113 Pl Unit Z	
	(Florida street address)	
New_Registered Office Address:	Miami	, Florida 33176
The Megistered Office Manager	(City)	(Zip Code)
	,	•
	(Cily)	(Zip Code)
Name Davids and Alaska at 1811		
New Registered Agent's Signature, if conference accept the approintment as regist	nanging Registered Agent: ered agent Lam familiar with and accep	at the obligations of the position
in the second se		The magainers of the position.
		7
	Signature of New Registered Agen	u, if changing
check if applicable		
☐ The amendment(s) is/are being filed prediction.	ursuant to s. 607.0120 (11) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			-
Add			
Remove			
2) Change			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

(Attach addi	g or adding additional A tional sheets, if necessary). (Be specific)			
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If an amend	lment provides for an ex	change, reclassific	ation, or cancellat	ion of issued shar	es,
provisions	for implementing the ar applicable, indicate N/A)	nendment if not co	ntained in the am	endment itself:	_
(y noi t	аррисате, таксан тяз				
					
	-			-	<u>.</u>
					<u> </u>
					 .

•

The date of each amend date this document was so	October 9, 2020 ment(s) adoption:, if oth gned.	er than the
Effective date if applica	ble:	
	(no more than 90 days after amendment file date)	_
Note: If the date inserte document's effective date	d in this block does not meet the applicable statutory filing requirements, this date will not be lead to the Department of State's records.	isted as the
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)	
The amendment(s) wa action was not require	s/were adopted by the incorporators, or board of directors without shareholder action and sharehold.	der
☐ The amendment(s) wa by the shareholders w	s/were adopted by the shareholders. The number of votes east for the amendment(s) as/were sufficient for approval.	
must be separately pro	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):	
"The number of by	votes east for the amendment(s) was/were sufficient for approval	
•	(voting group)	
Dated_ Signatu		
	(By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Manuel Diaz	
	(Typed or printed name of person signing)	_
	PSTD	
	(Title of person signing)	_