P10000031197

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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09/17/10--01014--024 **43.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA
TO OCT 12 PM 1: 43

EFFECTIVE DATE

Amend/cc na 10/15/1t

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Precise Financial Solutions Inc. DOCUMENT NUMBER: P100000 31197 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William Chuna Name of Contact Person Mailto: 127 used for future annual report notification) For further information concerning this matter, please call: at (877) 838 - 2903 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ■ \$43.75 Filing Fee & **▼**\$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 20, 2010

WILLIAM CHUNG PRECISE FINANCIAL SOLUTIONS, INC. 127 MEMORY LN NE PALM BAY, FL 32907

SUBJECT: PRECISE FINANCIAL SOLUTIONS INC.

Ref. Number: P10000031197

We have received your document for PRECISE FINANCIAL SOLUTIONS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The office signing the document is not listed as an officer. An officer of the corporation must sign form and please list the officers you wish to add as either a President, Secretary, Treasurer or Director. The titles listed are not acceptable and list WILLIAM CHUNG as President.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 810A00022241

Articles of Amendment to Articles of Incorporation

of

Precise Financial	Solu	tions	Inc.	A SECO
(Name of Corporation as currently filed w	<u>vith the Florida l</u>	Dept. of State)		6 75
9100000 31	1197			C, 75,75
(Document Number of Corp	poration (if known	1)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Pursuant to the provisions of section 607.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this <i>Flor</i>	ida Profit Corpo	oration adopt	s the following.
A. If amending name, enter the new name of the corpor	ration:	•		•
				The new
name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as	n "Corp," "Inc,"	or "Co". A pro	ofessional cor	' or the poration
B. Enter new principal office address, if applicable:	555	Window	lu Pl	ace
(Principal office address MUST BE A STREET ADDRES	ss) Suite	555 Winderely Place Suite 300 Oclando, PL 32451		
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
	<u></u>			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		Florida, enter th	e name of the	<u>}</u>
Name of New Registered Agent:				
New Registered Office Address:	(Florida street add	dress)		
	(City)	, Fi	orida le)	
· ·	• •	(24)	,	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		d accept the oblig	ations of the p	oosition.
Signature of	New Registered A	Agent, if changing	3	

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)

<u>Title</u>	Name	Address	Type of Action
· · · · · · · · · · · · · · · · · · ·			Add Remove
Pof Sales	William Chung operation	555 winderely PL ORlando, FL 32751	Add Remove
			Add Remove
	iding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
<u>provis</u> i	mendment provides for an exchange, re- ions for implementing the amendment if not applicable, indicate N/A)	classification, or cancellation of iss not contained in the amendment	sued shares, itself:
	, and the same of		

The date of each amendment(s) adoption: 100610
' ' (date of adoption is required)
Effective date if applicable: 101010 (no more than 90 days after amendment file date)
(no more man so days after amenament file allies)
Adoption of Amendment(s) (CHECK ONE)
Adoption of Amendmends) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10/8/10
Signature (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)
(Typed or printed name of person signing)
President (Title of person signing)