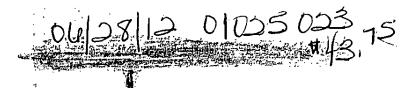
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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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AMINA 10/18/12

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Pecise Concepts	hc
DOCUMENT NUMBER: PU O 7619	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person Procise Copts Firm/ Company Address Address City/ State and Zip Code	- <u>1</u> e389 -
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Solution	 per
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Opy (Additional copy is enclosed) Certificate Of Status Certificate Of Status Certificate Of Status Certificate Of Status Certificate Opy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2012

JANET OTERO
PRECISE CONCEPTS INC.
2234 N. FEDERAL HWY - STE. 389
BOCA RATON, FL 33431

SUBJECT: PRECISE CONCEPTS INC

Ref. Number: P11000007619

We have received your document for PRECISE CONCEPTS 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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 112A00020994

12 DEC 17 AM 9: 34
BUTTER OF CONTROL STATE
BUYISTER OF CONTROL STATE
BUYISTER OF CONTROL



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2012

JANET OTERO PRECISE CONCEPTS INC 2234 N. FEDERAL HWY - STE. 389 BOCA RATON, FL 33431

SUBJECT: PRECISE CONCEPTS INC

Ref. Number: P11000007619

We have received your document for PRECISE CONCEPTS 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 712A00017756

Please See coreded form

Articles of Amendment	
Articles of Incorporation	
of	
trecise longests Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P11000000 7619	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation:	endment(s) to
A. If amending name, enter the new name of the corporation:	
$\bigcap_{\mathcal{H}}$	e new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	viation
B. Enter new principal office address, if applicable: 234 N. Federal	Dereep
(Principal office address MUST BE A STREET ADDRESS)	
Bora Prater P. 32	143
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(manny manness)	
	(2)
	12 No.
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	田 號
new registered agent and/or the new registered office address:	<u> 무</u>
Name of New Registered Agent	1 - COS
•	
(Florida street address)	
Now Pagintanud Office Address	STD (2)
New Registered Office Address:, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Thereby accept the appointment as registered agent. I am juminal from and accept the configurous of the position.	
Signature of New Registered Agent, if changing	
2.6	

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)

Example: X Change .

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

John Doe

<u>PT</u>

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.

X Remove	<u>V</u> <u>Mike Jor</u>	nes		
X Add	SV Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
Change Add	Menogo	Lissothe San	Costana	
2) Change Add Remove	Margen L	ussette Samar	niego	
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove		<u> </u>		

amending or	adding additional Ar al sheets, if necessary)	ticles, enter (Be spec	change(s) here ific)	:	
Add	tox id	1	27-	455	7886
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provisions for	ent provides for an ex implementing the an ilicable, indicate N/A)	change, rec nendment if	lassification, or not contained i	cancellation on the amendm	f issued shares, ent itself:
		· · ·		<u> </u>	
			<u></u>		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ado	ption: Colrecting -813 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	3) 13 2012
Signature	
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
_	Lissette Samantesp
	(Typed or printed name of person signing)
	(Title of person signing)
	(little of person signing)