P18000001974

(Re	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

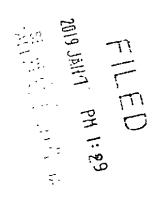




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DUE TO RETURNED CHECK

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COVER LETTER

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PIECISE CIEDIT SOLUTIONS, TING. DOCUMENT NUMBER: P18000019MH
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
UMONDO P. STRENO
Name of Contact Person Williams Tro
& NE 45th Terrace
Garaville F 326M City State and Zip Code
Drecise Credit-Soi Hichorine Quail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Volonda 941819. 3552, 219-1804
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee

Mailing Address

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

Street Address

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

is enclosed)

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Articles of Amendment

to

Articles of Incorporation

of

20/9 /A/4 7 PH 1:29

PRECISE CREDIT SOLUTIONS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000001974 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Harisma Welcome 551 NwBB+n Terrace Gainesville F1 52 cou (City) New Registered Office Address: 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.

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>	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones	FILING CAT	
X Add	<u>sv</u>	Sally Smith	DUE IO KE	TURNED CHECK
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	CFO	<u> Yaism</u>	na Welcome	3551 NW88th Terrace
X \wedge dd				Coinesulle FI Jaleolo
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti	cles, enter change(s) here:	FILING CANCELLED
(Attach additional sheets, if necessary).	(Be specific)	DUE TO RETURNED CHECK
	· · · · · · · · · · · · · · · · · · ·	
<u>-</u>		
If an amendment provides for an exch	ange, reclassification, or cane	ellation of issued shares,
(if not applicable, indicate N/A)	nament if not contained in the	amendment itseif:
	····	- · · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: September 1, 2018 , if other than date this document was signed.	ı the
Effective date if applicable: (no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	s the
Adoption of Amendment(s) (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 east for the amendment(s) was/were sufficient for approval	
by	
☐ 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 12/15/2018 FILING CANCELLED DUE TO RETURNED CHECK	
(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)	
CEC	
(Title of person signing)	