## P19000 066 267

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION: Trease	Indication Enterprise Inc.				
DOCUMENT NUMBER: P1900	Indication Enterprise Inc.				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
<u>Carval</u> Precise Ind	Name of Contact Person  icotion Enterprise  Firm/ Company				
12702 Ham;	Firm/ Company  The Hill Drive  Address  Floida 33578  City/ State and Zip Code				
Riverview	Florida 33578 City/ State and Zip Code				
Precise indication O Brail · Com.  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Carval Curringhan Name of Contact Person	at ( 121 ) 600 - 0305  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 & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □\$\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
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				

## Articles of Amendment to Articles of Incorporation of

trecise indication En	iternse
(Name of Corporation as curi	rently filed with the Florida Dept. of State)
P19000060267	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	
Precise Indication Er	iterfise Inc. The new
name must be distinguishable and contain the word "corpor	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	12702 Hampton Hill Drive River View Florida
	33518
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12702 Hompton Hill Drive
(1000000)	Riverview Florida
	33578
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 add	dress:
Name of New Registered Agent	FARMURI, Contrary,
	()
(Florid	da street address)
New Registered Office Address:	Florida 🗁 👝
New Registerea Office Mauress.	(City) (Zip Cost
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Signature of N	lew Registered Agent, if changing

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 = Chie Executive Officer; CFO = Chie 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	<u>V</u>	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			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

Attach additional:	ding additional Articl sheets, if necessary).	(Be specific)	<u>) 1161 6</u> ,		
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If an amandment	provides for an excha	naa raclassificati	on or cancellutio	n af iccued chares	•
provisions for in	plementing the amendable, indicate N/A)	dment if not conta	ined in the amen	dment itself:	<u>21</u>
(if not applic	able, indicate N/A)				
					-
		·	····	<u> </u>	
					_

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after o	imendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes east for the amendment(s) was/were sufficient for	or approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated August 29, 2019 Signature Puf	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	
Carval Cunning	ham
(Typed or printed name of personal control of	on signing)
Director	
(Title of person sign	ning)