## P20000060092

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PRECISION INVE	ESTIGATIONS,	INC	
DOCUMENT NUMBE				
The enclosed Articles of	Amendment and fee are su	bmitted for filin	g.	
Please return all corresp	ondence concerning this ma	tter to the follow	ving:	
C	ANDI EATON			
		Name of Cor	ntact Person	1
P	RECISION INVESTIGATI	ONS AND MEI	DICAL CO	NSULTING INC
_		Firm/ Co	ompany	
4	49 W. SILVER STAR RD.		. ,	
_	<del></del>	Addi	ress	1311
C	COEE, FL 34761			
_		City/ State ar	nd Zip Code	
J.	REN8808@GMAIL.COM			
_	E-mail address: (to be us	sed for future an	nual report	notification)
For further information	concerning this matter, pleas	se call:		
CANDI EATON		at (	107	801-8942
Name of	Contact Person		Агеа Со	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the F	lorida Depa	urtment of State:
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified Co (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PRECISION INVESTIGATIONS, INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P20000060092	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
PRECISION INVESTIGATIONS AND MEDICAL CONSULTING	G, INC The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	449 W. SILVER STAR RD. #1314
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	OCOEE, FL 34761
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
new registered agent and/or the new registered drince address	<u> </u>
Name of New Registered Agent	
(Florida st	reet address
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  Signature of New I	
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	e (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 <math>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 Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			/
Add			<del></del>
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		- /	
Add			
Remove	/		
6) Change	_		
Add			<del></del>
Remove		· · · · · · · · · · · · · · · · · · ·	
		Mound	

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
WI.,	
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···· - · · · · · · · · · · · · · · · ·	
· ,	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1	
· · · · · · · · · · · · · · · · · · ·	

٠.

The date of each amendment(s) adopt date this document was signed.	ion:, if other than the
Effective date if applicable:	
	(no more than 90 days after aptendment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by	w.
-,	(voting group)
11/23/2020 Dated	
selected, by	or, president or other officer - If directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
CAN	NDI EATON
	(Typed or printed name of person signing)
PRE	SIDENT

(Title of person signing)