## P2000004094

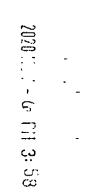
| (Requestor's Name)                      |
|---|
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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1) (11.2) 1) (10.0)



## **COVER LETTER**

| TO: Amendment Section Division of Corporations           |   |  |  |  |  |
|--|---|--|--|--|--|
| NAME OF CORPORATION: CCC ISC                             | Recruiting Corp   |  |  |  |  |
| DOCUMENT NUMBER: YOUNG                                   | 1099  |  |  |  |  |
| The enclosed Articles of Amendment and fee are sub-      | omitted for filing.   |  |  |  |  |
| Please return all correspondence concerning this mat     | ter to the following:   |  |  |  |  |
| <u>Kayla Uaness</u>                                      | Name of Contact Person  |  |  |  |  |
| Hecise Kecni   | iting Corp  |  |  |  |  |
| 462 NW Airoso Blud                                       |   |  |  |  |  |
| Port Saint Lu  | City/State and Zip Code   |  |  |  |  |
| Kmaldonado(<br>E-mail address: (to be use                | Of Precise Periode Competition (City) State and Zip Code  Of Precise Period (City)  Editor future annual report notification)   |  |  |  |  |
| For further information concerning this matter, pleas    | e call:   |  |  |  |  |
| Koula Maldonado Name of Contact Person                   | at (50) 345-0829<br>Area Code & Daytime Telephone Number  |  |  |  |  |
|  |   |  |  |  |  |
| Enclosed is a check for the following amount made p      | sayable to the Florida Department of State:   |  |  |  |  |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |  |
| Mailing Address  | Street Address  |  |  |  |  |
| Amendment Section Division of Corporations               | Amendment Section Division of Corporations  |  |  |  |  |
| P.O. Box 6327  | The Centre of Tallahassee   |  |  |  |  |
| Tallahassee, FL 32314                                    | 2415 N. Monroe Street, Suite 810  |  |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation $\mathbf{of}$

| Precise Recruiting Corp. (P) (Document Number of Compared Number of Corporation as currently to the Corporation as currently t | 200000014094   |
|--|--|
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:   | orida Profit Corporation adopts the following amendment(s) t   |
| A. If amending name, enter the new name of the corporation:  | Thenew   |
| name must be distinguishable and contain the word "corporation," "cor<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p<br>"chartered," "professional association," or the abbreviation "P.A."  | npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | 201  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | (FPH 3: 58   |
| D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  (Florida stree  | sa Maldonaolo<br>Isa Blud, PSL, F1, 34983  |
| New Registered Office Address:   | Florida(Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered agent.  Signature of New Registered Agent:  | th and accept the obligations of the position.  LON AO  istered Agent, if changing                         |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 hele 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 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 Chang-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> | Name Address   |
| i) Change                  | VΡ           | Enrique Maldonado 462 NW Airoso Blu<br>Pora Saint Lució, Fla                           |
| Remove  2) Change          | P            | Kayla Vanessa Sarchez 462 NW Airoso 1<br>to Kayla Vanessa Maldonado Port Saint Lucie 1 |
| Add Remove                 |              |  |
| 3 ) Change Add             | <del></del>  |  |
| Remove                     |              |  |
| 4) Change Add              | <u></u>      |  |
| Remove                     |              |  |
| 5) Change                  |              |  |
| Add                        |              |  |
| Remove                     |              |  |
| 6) Change                  |              |  |
| Add                        |              |  |
| Damaya                     |              |  |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |  |
|--|--|
| NIA Simply changing last name as I got   |  |
| many of 8/8/2020.  |  |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |  |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)       |  |
| (η ποι αργουσιού, υπουμε το στη  |  |
| N/A  |  |
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| The date of each amendment(s) adoption: 10/2/2020 , if other the date this document was signed.  | ian t |
|--|-------|
| 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 document's effective date on the Department of State's records.                | as t  |
| Adoption of Amendment(s) (CHECK ONE)   |       |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  |       |
| ☐ 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 President Route U. Maldonado  (voting group)  |       |
| Dated 11/2/2020  |       |
| (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 figuriary by that fiduciary) |       |
| (Typed or printed name of person signing)  |       |
| (Title of person signing)  |       |
| (Title of person signing)  |       |