P950000011069

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(Requestor's Name)

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(Address)

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(Address)

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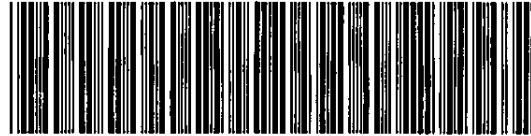(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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14 MAY 1& 9:07
TALLAHASSEE, FLORIDA

MAY 27 2014

R. WHITE

KAREN SUGERMAN, ESQUIRE

Attorney at Law
801 N. E. 167th Street, 2nd Floor
North Miami Beach, Florida 33162

Telephone:	**Facsimile:**
(305) 455-2040	(305) 455-2276

May 12, 2014

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

Name of Corporation: Precision Computer Supply, Inc.
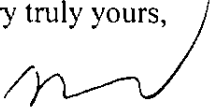Document no: P95000011069

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the undersigned attorney at the address indicated above. For further information concerning this matter, please call the undersigned at the number indicated above.

My email address for matters concerning this correspondence is ksugerman@gmail.com. The email address to be used for future annual report notification is precisioncomputersupply@gmail.com.

Enclosed is check number 7002 in the amount of $35.00 for filing fee made payable to the Florida Department of State..

Thank you for your attention to this matter.

Very truly yours,

Karen Sugerman, Esq.

KS
encl

FILED

14 MAY 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Precision Computer Supply, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P95000011069
(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:

_____*The new*
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)   _____
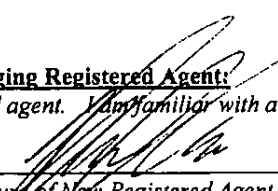
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_____

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   **Vigio M. Garcia**

699 NE 167 Street
(Florida street address)

New Registered Office Address: **North Miami Beach**, Florida **33162**
(City)   *(Zip Code)*

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.

_____
Signature of New 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 = 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☑ Remove	DP	Anthony Defillipo	17830 NE 10th Avenue North Miami Beach Florida 33162
2) ☐ Change ☐ Add ☑ Remove	DST	Kenneth Defillipo	17830 NE 10th Avenue North Miami Beach Florida 33162
3) ☐ Change ☑ Add ☐ Remove	PDST	Vigio M. Garcia	699 NE 167 Street North Miami Beach Florida 33162
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

_____

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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)

_____

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ , if other than the date this document was signed.

Effective date if applicable: _____

<p style="text-align:center;">(no more than 90 days after amendment file date) .</p>

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):*

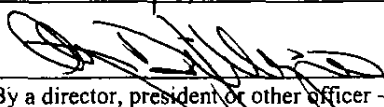"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

<p style="text-align:center;">(voting group)</p>

☐ 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 ____ 5/12/14 _____

Signature _____
(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)

Anthony Defillipo
_____
(Typed or printed name of person signing)

President/Director
_____
(Title of person signing)