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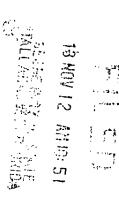
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section Division of Corporations

RESONANCE IMAGING SCANNER CONSULTANTS LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN MALERBA

Name of Person

JUMPING JAX TAX INC

Firm/Company

1940 HARRISON ST STE 306

Address

HOLLYWOOD FL 33020-5082

City/State and Zip Code

jack@jumpingjaxtax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MALERBA

954 927-6988

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESONANCE IMAGING SCANNER CONSULTANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05/24/2010	and assigned
Florida document number L10000055904		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RISC LOGISTICS LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LI	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		-
		8 8 7
Enter new mailing address, if applicable:		Service Control
(Mailing address MAY BE A POST OFFICE BOX)		The to the same
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		tername of the new
The state of the s	Σ.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
 	, Florida	
	City	Zip Code
Many Desistance Advantage Classic Control of the Co		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name Address **Type of Action** Add Remove Add Remove Add 🚰 🤻 Remove 1 1 1 Add Remove Add Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
ad 31 OCTOBER	2013	
ed <u></u>		
for Homes	4	
Signature	of a member or authorized representative of a member	
IVAN HYPPOLITE, I		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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