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2011 OCT 17 PH 2: 29
SECRETARY OF STATE

C. LEWIS

OCT 18 2011

EXAMINER

### **COVER LETTER**

47.

TO: Registration Section Division of Corporations
SUBJECT: Optimum Imaging, LLC.  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:
Name of Person
Optimum Imaging, LLC.
2740 S.W. 97 Avenue Suite 107
Miami, Fl. 33165 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ali at (305) 720-6825  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\square\$\$\square\$\$\$\$ \$25.00 \text{ Filing Fee} \text{ \$\square\$}\$\$ \$\$Certificate of Status \$\text{ Certified Copy (additional copy is enclosed)} \$\$\$Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

4.

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

FILED

# **ARTICLES OF ORGANIZATION**

2011 OCT 17 PM 2: 29

	OF	ZULLOCT LY THE Z. Z.
Optimum (Name of the Limited L. (A F.	Imaging  ability Company as it now appropriate Limited Liability Company	SECRETARY OF STATE TALLAHASSEE. FLORIDA DEATS ON OUR records.)  Y)
The Articles of Organization for this Limited Liab Florida document number		9-30-2010 and assigned
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the		nere:
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address of e address here:	n our records, enter the name of the new
Name of New Registered Agent:	Ali Ali	
New Registered Office Address:		7 AVe. Suite 107  Enter Florida street address
	Miami City	Florida 33/65 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Raquel A	11 2740 S.W. 97 Avenue Suite 107 Migmi, Fl. 33165	Add— Remove
			Add Remove
	<u></u>		Add Remove
	<u></u>		Add Remove
			Add Remove
<del></del>			AddRemove
D. If ame	ending any other information, ent	er change(s) here: (Attach additional sheets, if nece	ssary.)
_	We would like -	o make the amended	late
_	back to the filing		ZOUL OCT 1
_			N XX
- Dated _(),	ctober B	, 2011 .	PM 2: 29 PF STATE P. FL DRIDA
		11.11.	7>
	· Signature of	a member or authorized representative of a member	<del></del>
		Typed or printed name of signee	
		ryped or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00