

L110000042424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

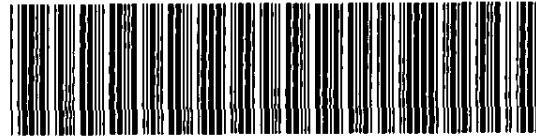
Special Instructions to Filing Officer:

A. LUNT

MAY 16 2010

EXAMINER

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11 MAY 16 PM 1:33

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY 16 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPECIALTY IMAGING, L.L.C.
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:

Pamela Williams
Name of Person

Specialty Imaging, L.L.C.
Firm/Company

3716 University Blvd. S. Ste 6
Address

Jacksonville, FL 32259
City/State and Zip Code

pamelabottwilliams@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Williams at (904) 655-5661
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 MAY 16 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Specialty Imaging, L.L.C.

(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 4/8/11 and assigned
Florida document number L11000042424.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3716 UNIVERSITY BLVD. SOUTH SUITE 6

JACKSONVILLE, FLORIDA 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3716 UNIVERSITY BLVD. SOUTH SUITE 6

JACKSONVILLE, FLORIDA 32216

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Pamela Williams

New Registered Office Address:

3716 University Blvd. S. Suite 6

Enter Florida street address

Jacksonville

City

, Florida

32216

Zip Code

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.

Pamela Williams

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

Title	Name	Address	Type of Action
MGR	George Daniel Daghfal	3716 UNIVERSITY BLVD. S. SUITE JACKSONVILLE, FLORIDA 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PAMELA WILLIAMS	3716 UNIVERSITY BLVD. S. SUITE JACKSONVILLE, FLORIDA 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 6, 2011.

Pamela Williams
Signature of a member or authorized representative of a member

PAMELA WILLIAMS
Typed or printed name of signee