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COVER LETTER

Division of Corporations
SUBJECT: Global Imaging Specialists, LC Name of United Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Molly Licastri Name of Person
Global Imaging Specialists, UC
171033 GUNN HWY STE 139
Odessa, FL 33554 City/State and Zip Code Qisrads @ amail. Com E-mail address: (to be used for further annual report notification)
For further information concerning this matter, please call:
MOUJUCOSTY at (727) 485-10879 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Global Imaging S (Name of the Limited Diability Som (A Florida Limite	Specialists, UC pahy as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LW 0000701015</u> .	ny were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia NA (NAME NOT DE) The new name must be distinguishable and contain the words "Limited Lia	Omended)
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17033 Gunn Hwy Ste 139 odessa, FL 33550
* STE # changed	- ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	171033 Gunn Hwy STE 139 Odessa, FL 33556
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	y Li Costri
New Registered Office Address: 1742 STE # Changed 0	dessa Florida 335560
New Registered Agent's Signature, if changing Registered Agen	City Zip Code

If Changing Registered Agent, Signature of New 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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Peter Bolos	174033 Gunn HWY	
			Remove
		STE#108 Odessa FL 3355LO	Change
			D Add
			Remove
			Change
			Add
			🗆 Remove
			Change
			Add R
			Remove pro-
			□ Change
			D Add
			□ Remove
			Change
			□ Add
			Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary			
4	r Please Remove Peter Bolos from busing Please Update business address stet		39	
-	MBR should just be Mark Girguis	2		
			· -	
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:) Pursuant will not b	to 605.0 pe listed)207 (3)(b I as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. ϵ 90th day after the record is filed.	on the	earlie	r of:
Dated	Signature of a member			
	Typed or printed name of signee		_	

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Filing Fee: \$25.00