

L11000078530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 01-15-14

RECEIVED

2014 JAN 15 6:10:05

B. B. C.

JAN 21 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Image Solutions**

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:

Tara Lowery

Name of Person

Image Solutions, LLC

Firm/Company

5380 Stadium Pkwy #113

Address

Viera, FL 32955

City/State and Zip Code

tlw@imgsofl.com

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

For further information concerning this matter, please call:

Tara Lowery

Name of Person

at (321)

Area Code

795-8554

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

FILED

2016 JUL 15 11:10:05

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**IMAGE SOLUTIONS 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 07/07/2011 and assigned  
Florida document number L11000078530

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)

5380 Stadium Pkwy

Suite 113

Viera, FL. 32955

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5380 Stadium Pkwy

Suite 113

Viera, FL. 32955

**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:

Tara Lowery

New Registered Office Address:

5380 Stadium Pkwy Suite 113

*Enter Florida street address*

Viera

*City*

Florida 32955

*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 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.*

*Tara Lowery*  
**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Timothy Bortz	6110 Foulet Ct	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Viera, FL. 32940	
MGR	Timothy Bortz	5380 Stadium Pkwy	<input type="checkbox"/> Add
		Suite 113	<input checked="" type="checkbox"/> Remove
		Viera, FL. 32955	
MGR	Tara Lowery	3044 Ontario Circle West	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32935	<input type="checkbox"/> Remove
MGR	Tara Lowery	5380 Stadium Parkway	<input checked="" type="checkbox"/> Add
		Suite # 113	<input type="checkbox"/> Remove
		Viera, Florida 32955	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JAN 15 10:15  
FALLAHEAD ST. 10:15

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

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E. Effective date, if other than the date of filing: 1-15-2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 14, 2014

  
Signature of a member or authorized representative of a member

Timothy J. Bortz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 15 AM 10:15  
TALLAHASSEE, FLORIDA

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

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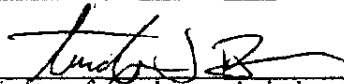
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**E. Effective date, if other than the date of filing: 1-15-2014 (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 14, 2014



Signature of a member or authorized representative of a member

**Timothy J. Bortz**

Typed or printed name of signee

FILED  
JAN 15 2014  
STATE OF FLORIDA  
TALLAHASSEE