

L12000005271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

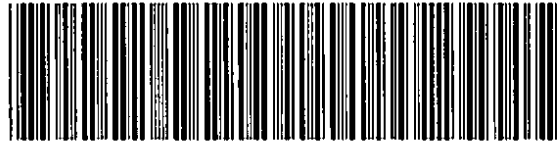
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JUL 25 AM 11:49
CLERK OF DISTRICT
CLERK OF DISTRICT
TALLAHASSEE, FLORIDA

JUL 28 2017

Y GULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2017

MARK FUGETT
PO BOX 3814
WINTER PARK, FL 32790

SUBJECT: MANAGED ACCOUNTING SERVICES, LLC
Ref. Number: L12000005271

We have received your document for MANAGED ACCOUNTING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00013966

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

MANAGED ACCOUNTING SERVICES, 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 01/06/2012 and assigned
Florida document number L12000005271

This amendment is submitted to amend the following:

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

REAL IMAGE SOLUTIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

331 N MAITLAND AVE

SUITE D7

MAITLAND, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3814

WINTER PARK, FL 32790

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:

MSG INVESTMENTS, LLC

New Registered Office Address:

~~PO BOX 3814~~ **331 N. MAITLAND AVE.**

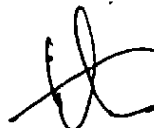
Enter Florida street address

~~WINTER PARK~~ **MAITLAND**, Florida

City

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.



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARTINEZ, DENNESE		<input type="checkbox"/> Add
		P.O. BOX 421432 KISSIMMEE, F	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRULLON, JENNESE	P.O. BOX 421432 KISSIMMEE, F	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RACKLIFE, GARY	PO BOX 3814 WINTER PARK, F.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

17 JUL - 5 11:49 AM '99
ALL CHASSIS, FLORIDA

STANDARD LIFE
CLARKESSEE, FLORIDA

17 JUL 23 AM 11:49
U.S. AIR FORCE
WILLOW GLENN, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 20 2017

[Signature]

Signature of a member or authorized representative of a member

GARY RACKLIFF

Typed or printed name of signee