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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

JUN 1 8 2012

EXAMINER

COVER LETTER

TO: Registration Section of Corpo	on rations
SUBJECT: ON	SITE IMAGING, LLC Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Name of Person
· ,	BSP IMAGING, LLC Firm/Company
•	3510 PINE TREE LOOP Address
	HAINES CITY FZ 33844 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Kathryn Winner of P	erson at (863, 521.4354 Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON SITE IMAGING, CLC 12 JUN 15 PM 3: 03

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

IALLAHASSEE, FLORIDA FILED The Articles of Organization for this Limited Liability Company were filed on $\frac{O5/17/2012}{}$ Florida document number <u>L 1200067092</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ON SIGHT IMAGING, LLC

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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Damous
			Remove
			Add Remove
·			Add Remove
			[]Pamaua
			Add Remove
D. If amend	ding any other information, ent	ter change(s) here: (Attach additional sheets, if	necessary.)
			
			FILED JUN 15 PM 3: 04 RELARIASSEE, FLORID
Dated J	NE 12 Auth Signature of	2012. Mac Callagriember or authorized representative of a member	T >
	` , ,	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00