L13000/06484

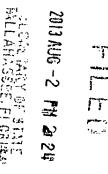
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Shockadoman, LLC

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:

Robert A. Feingold

Name of Person

R|A Feingold Law & Consulting, P.A.

Firm/Company

401 E. Las Olas Boulevard, Suite 1400

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

rafeingold@aol.com

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

For further information concerning this matter, please call:

Robert A. Feingold

_{...}954 **.967-2575**

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shockadoman, LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears o	n our records.)		
The Articles of Organization for this Limited Liability Com	ipany were filed on July ?	29, 2013	and assigne	:d
Florida document number L13000106484				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Rothschild Mobile Imaging Innovations, L	LC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,	," the designation "LLC	" or the abbre	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		2013	
		→	; >≥ 	*****
		S	i' t	property and a second
Enter new mailing address, if applicable:		71.5 71.5	2	ستمر إ.
(Mailing address MAY BE A POST OFFICE BOX)			3	[] [
•			1 PO	- et
			-F.	
B. If amending the registered agent and/or registered		r records, enter the	name of th	<u>1e nev</u>
registered agent and/or the new registered office address	is here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	r Florida street addres	S	
		, Florida	. =	 -
	City		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.

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 =	IGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
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		Additionally payments				
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			Remove			
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f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
i	July 31 / 2013
	Signature of a member of authorized representative of a member
	Leigh 14. Rothschild Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

STUDY NAY OF SIATE