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JAN 13 2015 J. BRUCE

COVER LETTER

TO: Registration So Division of Con					
Global	American Imaging Solut	tions, LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Richard F. Anderso	n			
		Name of Person			
	Global american Im	naging Solutions, LLC			
		Firm/Company	****		
	4581 Weston Road	/ Suite 162			
		Address	 		
	Weston, FL 33331			5. 22 5. 22	
		City/State and Zip Code		2014 DEC 30 SEGEETARY ALLAHASSI	-
	rfa.agis@gmail.cor			が、	
	E-mail address: (1	to be used for future annual report notif	ication)	- TT	
For further information of	concerning this matter, please ca	all:		mg	IT
Richard F. Anders	on	954 937-2950		PH 4: 4: OF STATE E FLORID	C
Name o	of Person		Telephone Number	Em en	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

Global American Imaging 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 and assigned Florida document number _ L14000149082 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Type of Action
Pres	Hardesty, Dennis C	3887 West Hibiscus Street	
		Weston, FL 33332	Remove
VP	Anderson, Richard F, III	10851 Edinburgh Street	
		Cooper City, FL 33026	Remove
SEC	Hardesty, Ana I	3887 West Hibiscus Street	
		Weston, FL 33332	Remove
TRES	Anderson, Felica E	10851 Edinburgh Street	
		Cooper City, FL 33026	PER REINC 3
			30 R ID
			☐Remove
			PRemove

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	e date of filing:(optional) not 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 F	florida Department of State)
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Dated Des London	Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

