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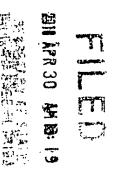
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

		tration Section of Corp				
CHBIE <i>c</i>		Advanced Im	aging Systems, LLC			
SUBJEC	-1: <u> </u>		Name of Lim	ited Liability Company	. ,48	
The encl	osed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn a	ll correspon	dence concerning this matter	to the following:		
			Stacey Cheary			
				Name of Person		-
			Advanced Imaging System	s, LLC		
			Firm/Company			
			3200 NW 27th Avenue, Su	ite 100		
				Address		-
			Pompano Beach, FL 33069			
				City/State and Zip Code		-
			stacey@aisserv.com			
			E-mail address: (1	to be used for future annual rep	ort notification)	
For furth	er inf	ormation cor	ncerning this matter, please ca	all:		
Stacey C	Cheary			888 400-3	979	
		Name of I	Person	Area Code	Daytime Telephone Number	•
Enclosed	l is a c	heck for the	following amount:			
□ \$25.0	00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

MAILING ADDRESS:

TO:

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

Advanced Imaging Systems LLC						
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on ou Liability Company)	ır records.)		•	
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/27/2015}{\text{Lorida document number}}$ .			15	and assigned		
his amendment is submitted to amend the fol	llowing:					
. If amending name, enter the new name	of the limited liabi	ility company here:				
he new name must be distinguishable and contain the	ada er imiaad t iakiii	in Commun " the decision of	ion will C'' on the			
he new name must be distinguishable and contain the	words Limited Liabili	ity Company, the designat	ion "LLC" or the	- 30 d - 30 m		
Enter new principal offices address, if applicable:		3200 NW 27th Avenue	e, Suite 100		d summer	
(Principal office address MUST BE A STREET ADDRESS)		Pompano Beach, FL 3.	3069	J.		
					: 11	
				1 P	r 🦲	
Enter new mailing address, if applicable:		3200 NW 27th Avenue	e, Suite 100	<b>2</b>	 Ø	
(Mailing address MAY BE A POST OFFICE BOX)		Pompano Beach, FL 3.	3069			
<ol> <li>If amending the registered agent and egistered agent and/or the new registered of</li> </ol>			records, <u>ente</u>	er the nam	<u>e of the</u>	
Name of New Registered Agent:	Scott Simmons					
New Registered Office Address:	3200 NW 27th	Avenue, Suite 100				
		Enter Florida stre	et address			
	Pompano Beach	1	, Florida <sup>2</sup>	33069		
		City:		Zip Cod	le	

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>	Address	Type of Action
AMBR	David Band	3200 NW 27th Ave, Ste 100, Pompan o Behit	FL ■ Add
		<u>.</u>	□ Remove
			Change
AMBR	Fred Steinberg	3848 FAU Blvd, Ste 200, Boca Paton, FL 33431	□ Add
			■ Remove
			Change
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fective date, if other than the	date of filing:			(optional)		
n effective date is listed, the date must ste: If the date inserted in this blo	be specific and cann	not be prior to date o	f filing or more than futory filing require	00 days after filing.)	Pursuant to	605.020
cument's effective date on the De	partment of State'	s records.	, , ,			
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