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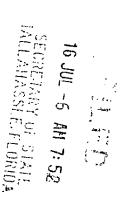
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
, and there	РНОТ	ON-X, LLC	
SUBJECT:	Name of Limi	ited Liability Company	
Please return all correspo	ondence concerning this matter	to the following:	
		BLAIR BARBOUR	
		Name of Person	
		PHOTON-X, LLC	
		Firm/Company	
	192.	5 E. Irlo Bronson Memorial Hwy	
		Address	
		Kissimmee, FL 34744	
		* *	
			ection
For further information c		·	ation)
Natalie Caro		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOTON-X, 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 numberL16000121238
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 contain 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:
Žø.
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
ÇÇ Φ μ
City Zip Code 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 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	PHOTON-X, INC	1925 E. Irlo Bronson Memorial Hw	
		Kissimmee, FL 34744	Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
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cument's effective date on the	Department of	State's records	3.			-4	
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Filing Fee: \$25.00