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COVER LETTER

TO:	Registration S Division of Co				
SUBJI		Scientific, LLC			
SOBJI	·	Name of Lin	nited Liability Compan	у	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		Kenneth Ford			
			Name of Perso	n	
		American Scientific, LLC			
	,		Firm/Compan	,	
		4751 Distribytion Court, S	uite 12		
			Address		
		Orlando, Florida 32822			
			City/State and Zip	ode	
		kford@americanscientificus			· · · · · · · · · · · · · · · · · · ·
For fur	ther information (e-mail address: (to be used for future a.	nnuar report nour	ication)
	th Ford	g time timeting product of	407	760-5044	
		of Person	at (at Code) 	
	Name	of Person	Area Code	Daytime	Telephone Number
Enclose		he following amount:			
□ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Copy (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	Reg Div Clif 266	REET/COURII istration Section ision of Corpora ton Building 1 Executive Cer ahassee, FL 323	ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Scientific, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	1
Florida document number L17000087168	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	- Fo
	8 FEB 1
Enter new mailing address, if applicable:	SSR E
(Mailing address MAY BE A POST OFFICE BOX)	P FORCE
	7: 25 ORION
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
· -	, Florida
No. De travella de Circa de St. L. S.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chang	ting Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Ron C. Hankins MGR 4751 Distribution Court, Suite 12 □ Add Orlando, Flbrida 32822 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change

E. Effective date, if other (If an effective date is listed Note: If the date insert document's effective date document's effective date.							18 FEB 1/5 PM 7: 25	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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the record specifies) The 90th day afte	a delayed effec er the record is	ctive date, bu filed.	ut not an ef	fective time,	at 12:01 a.r	m. on the e	earlier (of:
Dated	7.	<u>\ </u>	<u> </u>)		
	Signatu	re of a member of	r authorized rep	presentative of a me	omber		_	
Kenneth For	rd							

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