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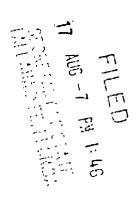
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COVER LETTER

Registration Section Division of Corporations

ro:

Imaging SUBJECT:	Health Solution LLC	
SUBJEC1:	Name of Lim	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	spondence concerning this matter	to the following:
	Manuel A Aliaga	
	• • •	Name of Person
	Imaging Health Solution L	LC
		Firm/Company
	1214 NE 8th Street	
		Address
	Cape Coral, FL 33909	
		City/State and Zip Code
	manuelaliagal@gmail.com	
For further information	E-man address: (n concerning this matter, please c	to be used for future annual report notification)
	n concerning this matter, prease c	
Manuel Aliaga		239 922-9827 at ()
Name	e of Person	at () 922-9827 Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ILING ADDRESS:	STREET/COURIER ADDRESS: Registration Section
	sion of Corporations Box 6327	Division of Corporations Clifton Building
	ahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Imaging Health Solution LLC

ompany has been notified in writing of this change.

(<u>Name of the Limited Li</u> (A Flo	ability Compa orida Limited	any as it now appears on ou Liability Company)	ır recordş.)			
ne Articles of Organization for this Limited Liabilitorida document number L17000164780	ty Company 	were filed on $\frac{08/02/201}{}$	and assigned			
nis amendment is submitted to amend the following	g:					
If amending name, enter the new name of the	limited liab	oility company here:				
e new name must be distinguishable and contain the words	Limited Liabi	lity Company," the designati	ion "LLC" or the abbreviation "L.L.C."			
ter new principal offices address, if applicable:		6296 Corporate Court Unit A201-C				
Principal office address MUST BE A STREET ADDRESS)		Fort Myers, FL 33919				
nter new mailing address, if applicable:	6296 Corporate Court Unit A201-C					
Sailing address MAY BE A POST OFFICE BOX	Fort Myers, Fl 33919					
If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:			records, enter the name of the			
New Registered Office Address: 62	96 Corporate	: Court Unit A201-C				
regionica Office radices.		Enter Florida stre	et address			
Fo	ort Myers	City	, Florida 33919 Zip Code			

If Changing Registered Agent, Signature of New Registered Agent

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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otiva data if other th	nan the date of filing:	08/04/2017		(optional)		
effective date is listed, the	date must be specific and ca			0 days after filing	;.) Pursuant to	
	n this block does not mee on the Department of Stat		atutory filing require	ments, this date	will not be	listed
S circuit date o	in the peparation of our	e diccords.			-	
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Typed or printed name of signee

Filing Fee: \$25.00