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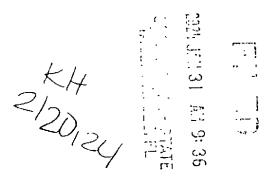
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | |
|--|--|---|-----------------|
| | M BURTON LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | , |
| The anclessed Articles of | Amendment and fee(s) are sub | unitted for filing | |
| | ondence concerning this matter | - | |
| rease return an correspo | andence concerning this matter | to the following. | |
| | GARY F BERGREN | | |
| | | Name of Person | _ |
| | RVTAXGUY INC | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | _ |
| | 16298 COUNTY ROAD 4 | 124 | |
| | | Address | _ |
| | LINDALE TX 75771 | | |
| | | City/State and Zip Code | - |
| | GF.BERGREN@GMAIL.C | | |
| For further information c | concerning this matter, please co | to be used for future annual report notification) all: | 762 31 31 |
| GARY F BERGREN | | 651 303-8327 | |
| Name o | of Person | Area Code Daytime Telephone Number | EH 9: 36 |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certifie | ate of Status & |
| Mailing Address Registration | Section | Street Address: Registration Section Division of Compositions | |
| Division of C P.O. Box 633 | | Division of Corporations The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KRISTIN M BURTON ELC | | |
|---|--|-------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our records. a Limited Liability Company) | .) |
| The Articles of Organization for this Limited Liability C | Company were filed on 4-21-21 | and assigned |
| Florida document number L21000182931 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| MED-HOT INFRARED IMAGING LLC | | |
| The new name must be distinguishable and contain the words "Lim | nited 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 ADDI | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY <u>BE A POST OFFICE BOX)</u> | | 73 |
| | | |
| | | 174 |
| B. If amending the registered agent and/or registere | d office address on our records, <u>enter t</u> | he name of the new registered |
| agent and/or the new registered office address here: | | |
| | | 100 |
| Name of New Registered Agent: | | |
| N. D. Sand Offer Address | | ं सिं क |
| New Registered Office Address: | Enter Florida street address | |
| | E1a | rida |
| | City . | 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 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

| Tit <u>le</u> | <u>Name</u> | Address | Type of Action |
|---------------|-------------|---------|----------------|
| | | | □ Add |
| | | | □Remove |
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