## 121 0000455971

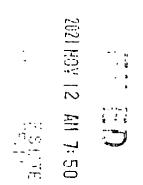
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

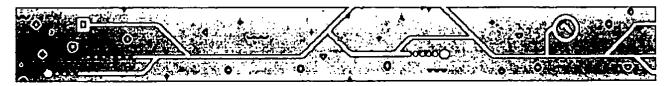


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A. BUTLER NOV 3 0 2021



## zenbusiness

Nov 9, 2021

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Precision Imaging Services LLC

To Whom It May Concern:

Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

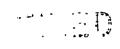
ZenBusiness Inc Attention: Kelly Castro 5511 Parkcrest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly Castro ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 HOY 12 AM 7: 50

Precision Imaging Services 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 w Florida document number 1.21000455971	ere filed on <u>09/19/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 acagent and/or the new registered office address here:	ldress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Chy	, Florida 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 probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut vovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	Jason Floyd Granger	501 N. Orlando Avenue	
		Ste# 313-463	□Remove
		Winter Park, FL 32789	<b>≘</b> Change
AMBR	Leon A Howard	501 N. Orlando Ave	□Add
		Ste# 313-463	□Remove
		Winter Park, FL 32789	■Change
AMBR	Louis Martone	276 Nagel St.	□Add
		Cliffside Park, NJ 07010	<b>≘</b> Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [Optional]  Earn effective date is issued, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th rid is filled.  Dated  November 09  2021	
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Dated November 09 2021	day after the
/s/ Jason Floyd Granger Signature of a member or authorized representative of a member	
- Signature of a memori of audiotized representative of a memori	

Filing Fee: \$25.00