-22000 224874

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A. DUTT

DEC - 2 2022

FLORIDA CAPITAL COURIER SERV 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437	ICES. INC
(850) 524-624	•
Please use funds from this account: Authorization Signature:	120210000160 Amount: _\$ 30.00
Business	Document #
Little Star Imagi	ng LLC L22000022487
Walk in Pick up time	
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Orga	anization
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit	Amendment CD + COT (D)
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
LLLP	Merger
CORP	Conversion
COM	
	AFFIDAVID BY FOREIGN COR
OTHER FILINGS	AFFIDAVID BY FOREIGN COR REGISTERATION/QUALIFICATIONS
OTHER FILINGS Annual Report	REGISTERATION/QUALIFICATIONS Foreign filing
	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Statement of Partnership

COVER LETTER

TO: Registration Section
Division of Corporations

	AR IMAGING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GLENNA M MAXWELL		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	LITTLE STAR IMAGING	FLLC	
		Firm/Company	
	5448 MILLENIA LAKES	BLVD	
		Address	
	ORLANDO, FL 32839		
		City/State and Zip Code	
	GLENN.MAXWELL72@G		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
GLENNA M MAXWEL	1.	513 2313172 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LITTI.	E	STAR	.IMA	GING	LLC
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2022 HOY 28 PH 12: 47

	(A Florida Limited	Liability Company)	TOTAL OF Share
The Articles of Organization for this Limited I	_iability Company	were filed on MAY	13 2022 and assigned
The Articles of Organization for this Limited I Clorida document number 1.22000224874	·		
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liab	oility company here	:
LITTLE STAR IMAGING LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	5448 MILLENIA I	LAKES BLVD
Principal office address MUST BE A STRE		7116	
Tracipal Office wastess in Co. Bal 12 British		ORLANDO, FL 32	2839
	E BOX)		
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office ess here:		ords, <u>enter the name of the new reg</u> i
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office		ords, <u>enter the name of the new reg</u> i
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	MAXWELL Lane	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office ess here: GLENNA M M	MAXWELL Lane	ords, <u>enter the name of the new regi</u>
	registered office ess here: GLENNA M M	MAXWELL Lane Enter Florida	

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.

ema W/ Maxwel 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>	Address	Type of Action
MGR	GLENNA M MAXWELL	3208 Hillsdale Lane Kissimmee, FL 34741	
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: [Coptional] Fan effective date, if other than the date of filing: [Coptional] Fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Foreign [2] Fine date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed slocument's effective date on the Department of State's records. Foreign specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distribution of the specific and continuous days after the distribution of the specific and the specifies and the sp	A71		<u> </u>	*****	
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alema MMaxwell	NOVEMBED 28	2022			
Signature of a member or authorized representative of a member	Dated		T= . 0	Λ	
Signature of a member or authorized representative of a member		Olyman M/	W/a Mid		
		Signature of a member or au	thorized representative of a	member	_
	Ú		•		
		Typed or pri	nted name of signee		-

Filing Fee: \$25.00



November 29, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

Ref. Number: L2200024874

We have received your document for and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 622A00026264

TALL SHARREST TO THE