P10000003440

(Requestor's Name)	-
(Address)	-
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Certified Copies Certificates of Status <u>restarted</u>	,
Special Instructions to Filing Officer:	1
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ALLAHASSEE. FLORIDA

Office Use Only







FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2010

ZULEHIVY SOLEDAD L & R IMAGING SERVICES, INC. 2450 WEST SAMPLE RD., SUITE 8 POMPANO BEACH, FL 33073

SUBJECT: L & R IMAGING SERVICES, INC.

Ref. Number: P1000003440

We have received your document for L & R IMAGING SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 910A00008558

COVER LETTER



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-	
NAME OF CORPORATION: LIR I	maging Services, Inc.
DOCUMENT NUMBER: P1000 00	03440
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Zulehivy Soledad	of Contact Person
L&R Imaging S	ervices, Inc. m/Company
1909 10 2450 West SAI	nple Road Suite 8
·	FL 33073 ate and Zip Code
Zuly 882 hoto E-mail address: (to be used for	rail. Com future annual report notification)
For further information concerning this matter, please	se call:
Zulehivy Soledad Name of Contact Person	at (305) 766-9387 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O Box 6327 Tallahassee FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

(Name of Corporation as corre	ently filed with the Florida De	pt. of State)		
P10000003440				
	nber of Corporation (if known)			
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Florida	a <i>Profit Corporation</i> ad	opts the fol	lowing
A. If amending name, enter the new name of	f the corporation:			
			The new	,
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," or	· "Co". A professional		
B. Enter new principal office address, if app			_	
(Principal office address <u>MUST BE A STREE</u>	(I ADDKESS)			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or the new registered agent.	<u>CE BOX</u>)	rida, enter the name of	SECRETARY OF STATE FALLAHASSEE. FLOODIO	
			,∞	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street addre	ss)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing the second state of the second the second secon		ccept the obligations of t	he position.	
S	Signature of New Registered Age	ent, if changing		

Page 1 of 3

<u>litle</u>	<u>Name</u>	Address	Type of Action	
<u>P</u>	Germaine Rodriguez	90 Alton Road Apt 3310 Miami Beach FL 33139	-	
			☐ Add ☐ Remove	
			☐ Add ☐ Remove	
(attach addii	tional sheets, if necessary). (Be speci	fic)		
(attach addit	tional sheets, if necessary). (Be specif	ACTOR ACTOR OF THE PARTY OF THE		
(attach addit		ACOPA A CORRECTION		
. If an amer provisions	adment provides for an exchange, rec	lassification, or cancellation of issu		
If an amer provisions (if not a	adment provides for an exchange, recognized for implementing the amendment if applicable, indicate N/A)	lassification, or cancellation of issued to the amendment it	self:	
F. If an amer provisions (if not a	adment provides for an exchange, rec	lassification, or cancellation of issued to the amendment it	self:	

I he date of each amendment(s) adoption:3/29/10
Tice at 1 are 11 Li	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
• • •	· · · · · · · · · · · · · · · · · · ·
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	329/10
Signature	Zulehingerbledad
	director, president or other officer – if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Zulehivy Soledad
	(Typed or printed name of person signing)
	Manager (Title of person signing)
	(Title of person signing)