Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002835453)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

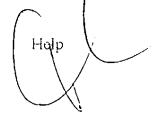
Email Address:

والمنافعة المنافعة المنافعة والمنافعة والمنافعة

COR AMND/RESTATE/CORRECT OR O/D RESIGN LCM IMAGING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



To: 18506176380 From: 12147128131 Date: 08/15/23 Time: 7:18 PM Page: 02/05

(((H23000283545 3)))

Articles of Amendment to Articles of Incorporation of

LCM IMAGING, INC.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P98000009600	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ' "Inc" or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	~-1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE BOX)	
-	· ·
 If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address 	
	_
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address.	Florida
	(Ciny) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
Signature of New F	Registered Agent, if changing
Theck if annlicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

To: 18506176380 From: 12147128131 Date: 08/15/23 Time: 7:18 PM Page: 03/05

(((H23000283545 3)))

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President: V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee: C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	en. T
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Kevin Johnson	8300 W SUNRISE BLVD
X Add			PLANTATION, FL 33322
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

To: 18506176380 From: 12147128131 Date: 08/15/23 Time: 7:18 PM Page: 04/05

If amending or adding additional Articles, enter change(s) here	(((H23000283545 3)
(Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
	~7
	· 1
	<u> </u>
If an amendment provides for an exchange, reclassification, or cancellation of	issued shares,
provisions for implementing the amendment if not contained in the amendme (if not applicable, indicate N/A)	ent itself:
(i) not apprease, marcute (viii)	

To: 18506176380 From: 12147128131 Date: 08/15/23 Time: 7:18 PM Page: 05/05

		(((H23000283545 3)))
The date of each amendment(s) add date this document was signed	option:	, if other than t
Effective date <u>if applicable</u> :		
	(no more than 90 days	after amendment file date)
Note: If the date inserted in this blo locument's effective date on the Dep		statutory filing requirements, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required	ted by the incorporators, or board	of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff		per of votes cast for the amendment(s)
	oved by the shareholders through vach voting group entitled to vote so	oting groups. The following statement eparately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were suff	leient for approval
by	(voting group)	<u> </u>
	(voting group)	
08/11/2023 Dated		
Signature	Rohit Navani	directors or officers have not been
selected,		directors or officers have not been s of a receiver, trustee, or other court
1	Rohit Navani	
_	(Typed or printed name of	of person signing)
S	ecretary	

(Title of person signing)