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.

(((H25000343196 3)))



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To:

Division of Corporations

Fax Number : (850)617~6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone : (323)372-3532 Fax Number

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

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

Certificate of Status	0
Certified Copy	0
Page Count	01
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Help

From: Anna Manukyan

Articles of Amendment to Articles of Incorporation (((H25000343196 3)))

LCM IMAGING, INC.	
\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	rrently filed with the Florida Dept. of State)
P98000009600	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes is Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendmen
a. If amending name, enter the new name of the corporation	on:
	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	2025
	SE SE
	<u> </u>
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>်းကို မှု</u>
<ul> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ad</li> </ul>	
Name of New Registered Agent	
(rtor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered A	
hereby accept the appointment as registered agent. I am fam	tiliar with and accept the obligations of the position.
Signature of N	New Registered Agent, if changing
heck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120	Y(I)VAN ES

īo:	٠		Page: 3 of 5	2025-09-24 12:27:08 PDT
1	Σοα	usian Envelop	e ID. 5BCA6F7E-186E-427	I-A13B-7B7CBBE9C8D3

13239781209

From: Anna Manukyan

(((H25000343196 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)

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 V. 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 Doc	
X Remove	$\underline{V}$	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	CFO,	Perez, Juan	8300 West Sunrise Boulevard
Add			Plantation, FL 33322
X Remove			
2) Change	VP	Ash Goulatia	8300 West Sunrise Boulevard
X Add			Plantation, FL 33322
Remove 3)Change	VP	Greg Gambill	8300 West Sunrise Boulevard
X Add			Plantation, Fl. 33322
Remove			
4) Change	VP	Tucker Martin	8300 West Sunrise Boulevard
X Add			Plantation, FL 33322
Remove			
5) Change			
Add			
Remove			
6) Change		<del>.</del>	<del></del>
Add			
Remove			

Page: 4 of 5 2025-09-24 12:27.08 PDT gn Envelope ID: 5BCA6F7E-186E-4271-A138-7B7CBBE9C8D3	13239781209	From: Anna Manuky
	(((H25000343196 3)))	
. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
\(\frac{1}{2} \)		
		<del></del>
		<del></del>
		<del></del>
<del></del>		
<ul> <li>If an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the ai</li> </ul>		
(if not applicable, indicate N/A)		
		<del></del>

To: Do	 ocusign Envelop	Pege: 5 of 5 e ID. 5BCA6F7E-186E-4271-A1	2025-09-24 12:27:08 PDT 3B-7B7CBBE9C8D3	13239781209 (((H250003	From: Anna Menukyan 43196 3)))
		f each amendment(s) adopt cument was signed.	tion:		, if other than the
	Effective d	ate <u>if applicable</u> :	(no more than 90 days after at	nendment file date)	<u>.</u>
		e date inscited in this block effective date on the Depart	does not meet the applicable statutory ment of State's records.	filing requirements, this d	late will not be listed as the
	Adoption o	(Amendment(s)	(CHECK ONE)		
		ndment(s) was/were adopted as not required.	I by the incorporators, or board of direct	tors without shareholder act	tion and shareholder
		ndment(s) was/were adopted hareholders was/were suffic	I by the shareholders. The number of voient for approval.	otes east for the amendmen	t(s)
			ed by the shareholders through voting gr h voting group entitled to vote separatel		
	"T	he number of votes cast for	the amendment(s) was/were sufficient for	or approval	2025
	by		(voting group)		2025 SEP 24 SE 255 255
		September 19,	2025		EP 24 MIL: 31
		Signature Gry G	ambill		55. <del>1.</del>
		Hy memore selected, by	of president or other officer — if director an incorporator — if in the hands of a residuciary by that fiduciary)		•
		Gre	eg Gambill		
			(Typed or printed name of perso	n'signing)	
		∨p 	& Associate General Counsel		<u></u>
			(Tide of person(signing)		<del></del>