

W000000000194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L-194

(Document Number)

Certified Copies _____ Certificates of Status _____

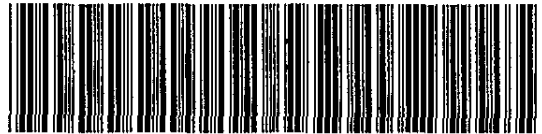
Special Instructions to Filing Officer:

3/29 name CR

EFFECTIVE DATE

4-1-06

Office Use Only



900068937719

900068937719

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gainesville Radiology Group West, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Arvesu

(Name of Person)

Gainesville Radiology Group West, LLC

(Firm/Company)

4960 Newberry Road, Suite 280

(Address)

Gainesville, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Arvesu

(Name of Person)

at (

352)

332-2040

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Gainesville Radiology Group West, LLC

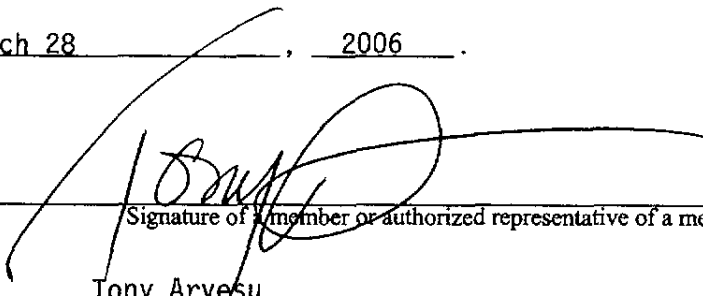
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on January 6, 2000 and assigned document number L00000000194.

SECOND: This amendment is submitted to amend the following:

Change the name of the LLC from Gainesville Radiology Group
West, LLC, to Doctors Imaging Group, LLC, effective April 1,
2006.

Dated March 28, 2006.



Signature of member or authorized representative of a member

Tony Arvesu

Typed or printed name of signee

Filing Fee: \$25.00