

L01000005484

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H17000152026 3)))



H170001520263ABCV

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) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELITE IMAGING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

*****PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS THE FILE DATE - 6/6/17*****

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 09 2017

Y SULKER

FILED
17 JUN - 8 AM 08 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN - 8 PM 4: 08

TALLAHASSEE, FLORIDA

Kim Tadlock 800-432-3622

(02/06) 06/08/2017 02:34:47 PM



June 7, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ELITE IMAGING, LLC
PO BOX 802431
AVENTURA, FL 33180

SUBJECT: ELITE IMAGING, LLC
REF: L01000005484

****PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS THE
FILE DATE - 6/6/17*****

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000152026
Letter Number: 017A00011424

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

ELITE IMAGING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/10/2001 and assigned
Florida document number L01000005484.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1460 VANTAGE WAY SOUTH

SUITE 100

JACKSONVILLE, FL 32218

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 HAYS STREET

Enter Florida street address

TALLAHASSEE

Florida

City

32301

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


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>	<u>Address</u>	<u>Type of Action</u>
MGR	STEWART BAKST, M.D.	2925 AVENTURA BLVD	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
MGR	THOMAS FITZ, M.D.	1460 VANTAGE WAY SOUTH	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Change
COO	ROHIT NAVANI	1460 VANTAGE WAY SOUTH	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Change
DIRECTOR	LAURA KASSA	1460 VANTAGE WAY SOUTH	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 JUN - 8 AM
HILLMAN'S LATE
FLORIDA

SECRETARY DESTALA
TALLAHASSEE, FLORIDA

17 JUN - 8 AM 5:45
SECRETARY DESTA
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee