

LO2000022831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

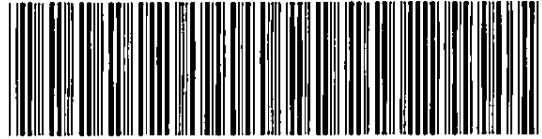
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 11 2024

Office Use Only



000439557070

FILED
2024 DEC 10 PM 12:18
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

FILED
2024 DEC 10 AM 10:56
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature Sam Allen

Digital Medical Imaging, LLC

LO2006022831

Walk in

Will wait

 Certified Copies of the Articles of Incorporation

Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☐ CORP
☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Authority
☐ Merger
☐ Amended and Restated Articles

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL _____
COUNTRY _____

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a LLC
☐ Domestication of a Foreign Corp.
Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIGITAL MEDICAL IMAGING, 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:

Amanda Nordelo

Name of Person

Jonathan H. Green & Associates, P.A.

Firm/Company

901 Ponce De Leon Boulevard, Suite 601

Address

Coral Gables, FL 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda G. Nordelo

305 372-5100
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

DIGITAL MEDICAL IMAGING, LLC

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

FILED
2024 DEC 10 PM 12:18
STATE OF FLORIDA
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on 09/04/2002 and assigned
Florida document number L02000022831.

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 "L.L.C."

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) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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>
MGRM	FRAYND, M.D., GERMAN	21150 Biscayne Blvd	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Miami, FL 33180	<input type="checkbox"/> Change
MGR	FRAYND, Yael	20601 E. Dixie Hwy	<input checked="" type="checkbox"/> Add
		Suite 350	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	FRAYND, ALAN	20601 E. Dixie Hwy	<input checked="" type="checkbox"/> Add
		Suite 350	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	FRAYND, PAUL	20601 E. Dixie Hwy	<input checked="" type="checkbox"/> Add
		Suite 350	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	MARIN, DIANA	20601 E. Dixie Hwy	<input checked="" type="checkbox"/> Add
		Suite 350	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal blue lines across its entire width. The left edge of the page has several small punch holes, suggesting it was part of a binder. There are no markings, text, or drawings on the page itself.

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.

Dated 11/26 2024



Amanda G. Nordelo, Esq.

Filing Fee: \$25.00