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Help

Docusign Envelope ID: 1EDCB92D;BD04-47B3-8816-266 (H24000323496 3)))	RTICLES OF	AMENDMENT	
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AR		ORGANIZATION	
۰ <i>۴</i> - ۲۰۰۰	(OF	
DEX IMAGING OF MARYLA	ND, LLC		
(Nome of the Li	A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Florida document number <u>L04000001860</u>	Liability Company	y were filed an	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ollity company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	5109 W Lemon Street	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, Florida 33609	
_			
Enter new mailing address, if applicable:		5109 W Lemon Street	10 N
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, Florida 33609	<u> </u>
		<u> </u>	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	address on our records, <u>enter</u>	the name of the new feriste
PARTE ENGLOY THE NEW TEAStered Once Addi	<u>eas net é</u> .		PH PH
	Thomas C. Nas	h (I	i N
Name of New Registered Agent:			
New Registered Office Address:	625 Court Stree	t, Suite 200	
		Enter Florida street address	ſ
	Clearwater	, Flo	orida <u>33756</u>
			Zip Code

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 dutles, 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.

algoed by:			
Thomas	L.	Masle,	11

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	<u>Type of Action</u>
MGR	Daniel Doyle Jr.	5109 W. Lemon Street	
		Tampa, Florida 33609	🖸 Remove
			□Change
MBR	Dex Imaging, LLC	5109 W. Lemon Street	🗆 Add
		Tampa, Florida 33609	🗆 Remove
			EChange
Secretary	Cristina Gonzalez	500 Staples Drive	🛛 Add
		Framingham, MA 01702	BRemove
			Change
			🖸 Add
			🗆 Remove
			Change
·			🖸 Add
			🗆 Remove
			Change
			D64C
			🖸 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 23 Dated	2024
Signed by:	
Daniel M. Doyle,	þr.
	ignature of a member or authorized representative of a member
Daniel Doyle Jr.	
	Typed or printed name of signee

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