104000037376

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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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2017 APR -3 P 3: 12
SECRETARY OF STAIL
NI AHASSEF FINSIN

D. BRUCE APR 04 2017

COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	PINNACL	E IMAGING CENTER, LLC		
SOBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		ALI H. JAAFAR		
			Name of Person	
		PINNACLE IMAGING C	ENTER, LLC	
		 	Firm/Company	
		2390 NW 7TH ST, STE 20	05	
			Address	
		MIAMI, FL 33125		2017 APR
			City/State and Zip Code	五五五五
		KB@PINNACLEIMAGIN		-3
			to be used for future annual report notification)	<u> </u>
For furth	ner information c	oncerning this matter, please co	all:	25 ES M
KAREN	BARRIO		305 642-7388 EXT 226	12 12
	Name o	f Person	Area Code Daytime Telephone Nu	mber
Enclosed	l is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	S:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINNACLE IMAGING CENTER, LL		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L04000037376	ility Company were filed on 5/17/2004	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	i
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		TLED APR - 3 P 3: 12 RETARY OF STATE AHASSEE, "LCRIDA
B. If amending the registered agent and/or registered agent and/or the new registered office		ter the name of the new
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>	Address	Type of Action
SOT	HUSSEIN A. JAAFAR	2390 NW 7TH ST	= Add
		MIAMI, FL 33125	Remove
			☐ Change
			Remove
			Change
			Add
	•		Remove
			ASSEC, FLORIDA
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change

		
		
		
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tive date, if other than the date of filing:	(ontional)	
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of: If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to story filing requirements, this date will not be	605.0207 (3 listed as th
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the e	arlier of:
e 90th day after the record is filed.	,	
1 03/28/2017		
·		

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Typed or printed name of signee

Filing Fee: \$25.00