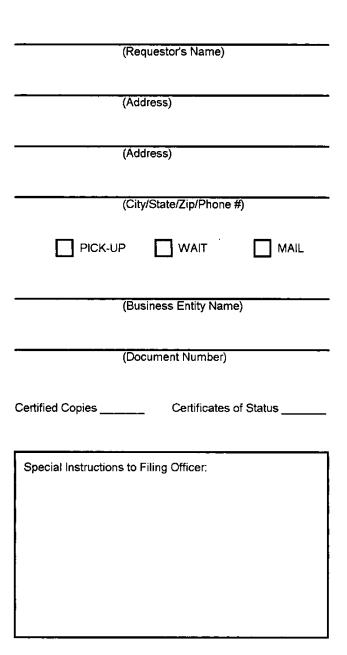
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SEURE LAWY OF JULLE ALLAHASSEE, FLORID/

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B. BOSTICK
DEC - 5 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Premier Diagnostic Imaging Service, 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:

Raul E. Meneses

Name of Person

Firm/Company

15476 NW 77 Court, #154

Address

Miami Lakes, FL 33016

City/State and Zip Code

rmeneses63@yahoo.com

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

For further information concerning this matter, please call:

Raul E. Meneses

305,467-4448

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/COURIER ADDRESS:

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

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

PREMIER DIAGNOSTIC IMAGING SERVICES, 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 05/25/2005				_ and assigned		
Florida document number L05000052252	<u>.</u> .					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ed liability com	pany here:				
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liabi	ity Company," the design	ation "LLC"	or the ab	breviation	
Enter new principal offices address, if applicable:		6 N.W. 77 Court				
(Principal office address MUST BE A STREET ADDRESS)		1				
	Mian	i Lakes, FL 33016	5	(<u>)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			LLAHA	3 DEC -		
			SSEC	2 P	* * .	
			5:	i		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ress on our records, g	enter then	ame_of	the new	
Name of New Registered Agent:						
New Registered Office Address: 15476	8 N.W. 77 Co	ourt, # 154				
The Wittegstered Office Madress.	Enter Florida street address					
Miami	Lakes	Flor	_{ida} <u>33016</u>	:		
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Add Remove Add Remove Add Remove Remove Add Remove Change of Address for Managers/Members:

Raul E. Meneses -15476 NW 77 Court, # 154

Miami Lakes, FL 33016

Rafael D. Meneses - 15476 NW 77 Court, # 154

Miami Lakes, FL 33016

November 22

Signature of a member or authorized representative of a member

Raul E. Meneses

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC -2 PM 5: 11