

Division of Corporations

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.

(((H22000323472 3)))



H220003234723ABCZ

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 : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

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

Email Address: spotter@radassociates.us

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 SEP 19 PM 4:18

2022 SEP 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 20 2022

Corporation

COVER LETTER

H22000323472.3

**TO: Registration Section
Division of Corporations**

SUBJECT: Inverness 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:

Mary Kate Mahoney, Esq.

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

spotter@radassociates.us

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

For further information concerning this matter, please call:

Mary Kate Mahoney, Esq.

904 297-0981
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**

Inverness Medical 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 01/20/2006 and assigned
Florida document number 1.06000007047.

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) _____

1673 Mason Avenue, Suite 305

Daytona Beach, FL 32117

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

APPROVED
AND
FILED
22 SEP 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: 89C771F4-7B1B-42A1-AEF8-3C0C44D830DE

FL220003234123

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	Riccardo Degirolami	7459 S.E. 12TH Circle	<input type="checkbox"/> Add
		Ocala, FL 34480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chuck Zachar	2100 S. Border Ave.	<input type="checkbox"/> Add
		Inverness FL 34452	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Community Imaging Alliance, LLC	1673 Mason Avenue, Suite 305	<input checked="" type="checkbox"/> Add
		Daytona Beach, FL 32117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Lisa Adams	1673 Mason Avenue, Suite 305	<input checked="" type="checkbox"/> Add
		Daytona Beach, FL 32117	<input type="checkbox"/> Remove
			<input 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

FL220003234123

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

[illegible]

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.

Dated September 19, 2022

- DocuSigned by:

Lisa Adams

- C2DA05E6584D47E

Signature of a member or authorized representative of a member

Lisa Adams, CEO

Typed or printed name of signee