

L070000058530

(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:

Office Use Only



100184510791

08/31/10--01026--005 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 31 AM 10:30

T. HAMPTON

SEP - 1 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDIOVASCULAR 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:

Elliot Schroeder

Name of Person

CARDIOVASCULAR IMAGING, LLC.

Firm/Company

4471 Amberly Oaks Ct

Address

Tampa, FL 33614

City/State and Zip Code

elliotschroeder25@yahoo.com

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

For further information concerning this matter, please call:

Elliot Schroeder

Name of Person

at (908)

625-0278

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**

CARDIOVASCULAR 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 June 4, 2007 and assigned
Florida document number L07000058530.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 31 AM 10:30

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 end with 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)

4471 Amberly Oaks Ct

Tampa, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4471 Amberly Oaks Ct

Tampa, FL 33614

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:

Elliot Schroeder

New Registered Office Address:

4471 Amberly Oaks Ct

Enter Florida street address

Tampa

City

Florida

33614

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

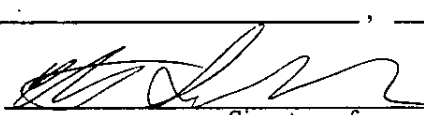
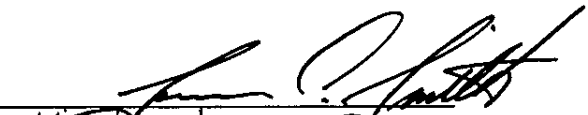
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James C Smith	1043 Ridge View Ln Palm Harbor, FL 34683	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Elliot Schroeder	4471 Amberly Oaks Ct Tampa, FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10 AUG 31 AM 10:00

Dated _____

Signature of a member or authorized representative of a member

Elliot Schroeder
 James C Smith

Typed or printed name of signee