

L07000065897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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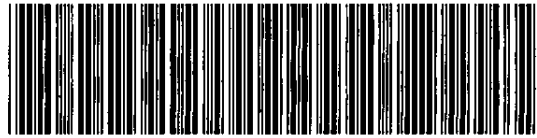
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC -7 2009

EXAMINER

HILDA M. PORRO, P.A.

ATTORNEY AT LAW

12230 FOREST HILL BOULEVARD, SUITE 122, WELLINGTON, FL 33414
(561) 798-3994 • FAX (561) 795-0579

November 30, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: AVIRTUALRAD, LLC/
NAME CHANGE TO AVR, LLC

Dear Sir/Madam:

The enclosed Articles of Amendment to Articles of Organization and fee in the amount of \$25.00 are submitted for filing.

Please return all correspondence to me at the above address.

If you need any additional information, please do not hesitate to contact me.

Sincerely,



Hilda M. Porro

Enc.

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TALLAHASSEE, FLORIDA

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

AVIRTUALRAD 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 6/22/07 and assigned
Florida document number L07000065897.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AVR, LLC

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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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:

n/a

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 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>
n/a			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated November 23, 2009

B. Nitsch
Signature of a member or authorized representative of a member

Barbara Nitsch
Typed or printed name of signee