

#L 07000107775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

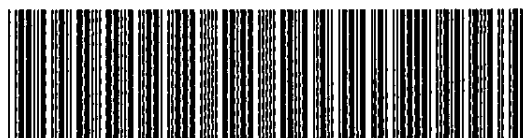
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11 OCT 19 PM 4:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

OCT 20 2011

# Klein & Fortune, P.A.

ATTORNEYS AT LAW

Ronald G. Klein, Esq.  
Melody G. Fortune, Esq.

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Broward Facsimile (954) 986-7919  
Dade Facsimile (305) 891-6104  
Toll Free (877)322-6100

Of Counsel  
Jerome H. Calica, Esq.

October 18, 2011

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

RE: Articles of Amendment of Diagnostic Medical Imaging, LLC

Dear Sir or Madam:

Enclosed you will find the following document for filing:

*Articles of Amendment to Articles of Organization of Diagnostic Medical Imaging, LLC*

Also, enclosed is our Check number 53911 in the amount of \$25.00, which amount reflects the filing fee for the Articles of Amendment.

If you have any questions regarding this matter, please do not hesitate to contact me at 954-986-8822. Thank you.

Very truly yours,

KLEIN & FORTUNE, P.A.

By: 

Ronald G. Klein, for the firm

enc.

c: Denis Machado

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Diagnostic 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:

Ronald G. Klein, Esq.  
Name of Person

Klein & Fortune, P.A.  
Firm/Company

4340 Sheridan Street, Suite 102  
Address

Hollywood, Florida 33021  
City/State and Zip Code

rklein@kleinandfortune.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald G. Klein, Esq. at (954) 986-8822  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Diagnostic Medical Imaging, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
11 OCT 19 PM 4:26  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 24, 2007 and assigned  
Florida document number L07000107775.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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 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	Denis Machado	5200 S.W. 113th Avenue Davie, Florida 33330	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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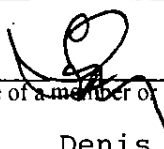


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Dated October 18, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 Denis Machado  
 \_\_\_\_\_  
 Typed or printed name of signee