

107000107775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

07/29/13--01017--026 **25.00

(Document Number)

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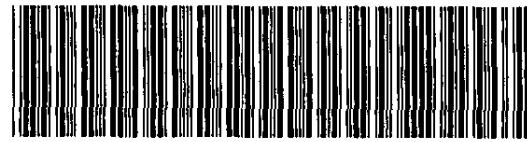
J. SAULSBERRY
EXAMINER

JUL 30 2013

STATE OF CALIFORNIA
EXAMINER OF STATE
APPLIED PETROLEUM

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2013 JUL 29 AM 9:21



800250086918

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:

Denis L. Machado

Name of Person

Diagnostic Medical Imaging, LLC

Firm/Company

2170 W 68 STREET SUITE 101

Address

Hialeah, FL 33016

City/State and Zip Code

denis@dmimed.com

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

For further information concerning this matter, please call:

Denis L. Machado

Name of Person

at (305) 398-4220

Area Code & Daytime Telephone Number

FLORIDA
REGISTRATION
AND
FILING
DIVISION
TALLAHASSEE, FLORIDA

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
Clifston Building
2661 Executive Center Circle
Tallahassee, FL 32301

FL
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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)

The Articles of Organization for this Limited Liability Company were filed on 10/24/2007 and assigned Florida document number LO7000107775.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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:

New Registered Office Address:

Denis Machado
6517 Taft Street #103
Hollywood Enter Florida street address Florida 33024
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

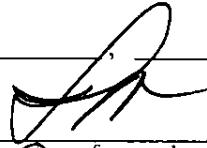
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	<u>N/A</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated _____

Signature of a member or authorized representative of a member


Dennis Mekhado

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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