

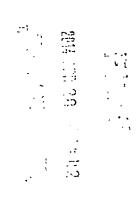
(R	equestor's Name)	
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В	usiness Entity Nar	me)
(D	ocument Number))
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04/28/14--01029--004 **25.00



B. BOSTICK

MAY - 5 2014

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:5	ounshine Radi Name of Limit	cology LLC ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspor	dence concerning this matter to	o the following:		
	Robe	rta Cove Name of Person		
		Name of Person		
	Sansk	rine Radiology La	<u>c</u>	
	529	East Central Ave	enue	
	<u>Win</u>	ter Haven FL 338	880 = ===	g g.45°1
	lfeagle E-mail address: (t	Her Haven FL 338 City/State and Zip Code ev & Sunshine radios o be used for future annual report notific	lagy. Com	ب ال دس ده
For further information co	oncerning this matter, please ca	ill:		
Lause Fe	Person	at (<u>863</u>) <u>651-14</u> Area Code Daytime	496 Telephone Number	- 1
Enclosed is a check for th	e 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

(Name of the Limited Lia) (A Flo	e Rod to 10 bility Company as it nov rida Limited Liability Co	wabpears on our r	ecords.)		
The Articles of Organization for this Limited Liability Florida document number	y Company were filed	d on2/7/	2008	and assign	ed
This amendment is submitted to amend the following	;				
A. If amending name, enter the new name of the l	imited liability com	pany here:			
The new name must be distinguishable and end with the words Enter new principal offices address, if applicable:	"Limited Liability Comp	any," the designation	n "LLC" or the a	bbreviation "L.L.	C."
Principal office address MUST BE A STREET AD	DRESS)			- E	g.garak
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				1:	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		iress on our re	cords, <u>enter</u>	the name of	the new
Name of New Registered Agent: New Registered Office Address:	529 E	erta Cove East Centra Enter Florida street	al Aver		
	Winter Ha			33880	

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Name</u>	Address	Type of Action □ Add □ Remove
		
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	, if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ument is filed by the Florida Department of State)
the date this doc	
the date this doc	ument is filed by the Florida Department of State)
the date this doc	ument is filed by the Florida Department of State)

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Filing Fee: \$25.00