# 11000071711

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
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SECRETARY OF STATE FALLAHASSEE, FLOPIDA

12 OCT 24 PM I2: 03

APPROVED AND FILED

D. BRUCE
OCT 25 2012
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2012

JAMIE HICKEY 1 FLORIDA PARK DR. SOUTH #324 PALM COAST, FL 32137

SUBJECT: FLORIDA DIAGNOSTIC ULTRASOUND, LLC.

Ref. Number: L11000071711

We have received your document for FLORIDA DIAGNOSTIC ULTRASOUND, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 812A00025728

12 OCT 24 PH I2: 03

# COVER LETTER ...

| Division of Corporations  |            |  |  |
|---|------------|--|--|
| SUBJECT: Florida Diagnostic Ultrasound, 22C 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:   |            |  |  |
| riease return an correspondence concerning ans matter to the following.   |            |  |  |
| Jamie Hickey Name of Person   |            |  |  |
| Florida Diagnostic Ultrasound LLC Firm/Company  |            |  |  |
| 1 Flinida Pank Dr. South #324   |            |  |  |
| Palm Coast PL 32137  City/State and Zip Code  City/State and Zip Code   |            |  |  |
| Florida Diagnostic Ultrasound agmail. com   | I          |  |  |
| For further information concerning this matter, please call:  |            |  |  |
|   | ; <u>`</u> |  |  |
| Tamie Hickey at 386, 793-3206   |            |  |  |
| Name of Person at (386) 793-3206  Name of Person Area Code & Daytime Telephone Number   |            |  |  |
|   |            |  |  |
| Enclosed is a check for the following amount:   |            |  |  |
| \$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Gertificate of Status}\$  Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$  Certified Copy (additional copy is enclosed) |            |  |  |

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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**

| Florida Diagnostic Ul.   | Grasound 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 Florida document number \( \bigsize 1/00007/7// \).  | were filed on $\frac{6/20/11}{}$ and assigned   |  |  |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi  | APPRI<br>AH<br>SECRETARY<br>TALLAHASSE  |  |  |
| The new name must be distinguishable and end with the words "Limit"L.L.C."  Enter new principal offices address, if applicable:  | ted Liability Company," the designation "LLC" or the abbreviation                               |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Suite 324<br>Palm Coast, FL 32137   |  |  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)  | 1 Florida Park Drive South<br>Suite 324<br>Palm Coast, FL 32137                                 |  |  |
| 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:  Palm  | Lorida Park Daive South, Suite Enter Florida street address  Coast Florida 32137  City Zip Code |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  | 217 2000  |  |  |

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 smending 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 **Title Address Type of Action Name** Remove ☐ Add Remove ☐ Add Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 1 Signature of a member of authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00