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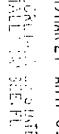
(Re	equestor's Name)	
(A)	ddress)	
. (A	ddress)	
(C	ity/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)
(D:	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

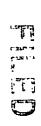
Office Use Only



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COVER LETTER

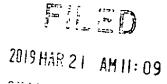
	stration Section of Corp			
	Syntheon Co	ardiology, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return a	all correspor	ndence concerning this matter	to the following:	
•		Stephen J. Kolski	,	
			Name of Person	
-		Stephen J Kolski & Assoc	iates, PA	2371-9576 Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number Daytime Telephone Number
			Firm/Company	
		2020 Ponce De Leon Blvd	., Suite 905A	
			Address	
		Coral Gables, Florida 3313	34	
			City/State and Zip Code	
		sean@Syntheon.com	Name of Person ski & Associates, PA Firm/Company e Leon Blvd., Suite 905A Address Florida 33134 City/State and Zip Code n.com nail address: (to be used for future annual report notification) ter, please call: at (305 371-9576 Area Code Daytime Telephone Number nt: g Fee & \$\square\$\$\$\$\$\$55.00 Filing Fee & \$\square\$	
		E-mail address: (to be used for future annual report notifi	cation)
For further infe	ormation co	ncerning this matter, please or	all:	
Stephen J. Ko				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for the	following amount:		
\$25.00 Fili	ing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Certificate of Status & Certified Copy

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



Syntheon Cardiology, LLC		TAIL MANAGER FITE
(Name of the Limited	Linbility Company as it now appears on our record Florida Limited Liability Company)	<u>14.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L12000000892</u>	ility Company were filed on January 1, 2012	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
Syn Cardiology, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our record ce address here:	ds, <u>enter the name of the ле</u> ч
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	era
	, F	Torida
	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			[D] Add
			П Rеточе
			□ Change
٠			Remove
			☐ Change
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Effective date, if other than the if an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	ock does not m	eet the applic	able statutory ii	r more than 90 (ling requirem	_ (optional) inys after filing.) ents, this date v	Pursuant to 605.020 vill not be listed a
ne record specifies a delaye The 90th day after the rec	J effective d ord is filed.	ate, but no	t an effectiv	e time, at 1	.2:01 a.m. c	n the earlier o
Dated March 19		2019	<u></u> .			
	1					
$\mathcal{O}_{\mathbf{i}}$	// / /_					
n	Signature of a n	nember or auth	orized representat	ive of a membe	er	

Page 3 of 3

Filing Fee: \$25.00