

#L12000006543

DIVISION OF CORPORATIONS

Fax

REV. 12 2010 11:22am 8007/005  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CARVER DARDEN  
Account Number : 120070000116  
Phone : (850) 266-2300  
Fax Number : (850) 266-2301

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DIVISION OF STATE  
INLAND ASSET, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STAND-UP OPEN MRI OF PENSACOLA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

REC-11  
15 MAY 12 AM 10:00  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

K. SALLY  
EXAMINER  
MAY 13 2015

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STAND-UP OPEN MRI OF PENSACOLA, 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:

Robert S. Rushing

Name of Person

Carver Darden

Firm/Company

801 West Romana Street, Suite A

Address

Pensacola, Florida 32502

City/State and Zip Code

rushing@carverdarden.com

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

For further information concerning this matter, please call:

Robert Rushing

850 266-2300

Name of Person

at (

Area Code

Daytime Telephone Number

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

STAND-UP OPEN MRI OF PENSACOLA, LLC

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

FILED  
2015 MAY 12 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/12/2013 and assigned

Florida document number Li2000006543

This amendment is submitted to amend the following:

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

INNOVATIVE OPEN MRI OF PENSACOLA, LLC

The new name must be distinguishable and contain 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:

Robert S. Rushing

New Registered Office Address:

801 West Romana Street, Suite A

*Enter Florida street address*

Pensacola

Florida 32503

*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

Fax

May 12 2015 11:12am P004/005

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Add

☐ Remove

☐ Change

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TALL PHASIS  
OFFICE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)* Fax May 12 2015 11:13am P005/005

May 12 2015 11:13am P005/005

P005/005

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2015 MAY 12 PM 12:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

(b) The 90th day after the record is filed.

Dated May 12

May 12

2015

Signature of a member or authorized representative of a member

Paul Stanley Manager

Typed or printed name of signee