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SECRETARY OF STATE

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COVER LETTER

	istration Selision of Cor				
241424416741		naging St. Augustine, LLC			
SUBJECT:		Name of Lim	ited Liability Company	_	
The enclosed	Articles of ,	Amendment and tec(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Rose Atkinson			
		·	Name of Person		
		Precision Imaging St. Aug	ustine, LLC		
		****	Firm/Company		
		1000 Plantation Island Dr,	S	2022 AUG -9 PM 1: 08 SECRETARY OF STATI	
	Address				
		St. Augustine, FL 32080		202	
		ratkinson@precisioncenters	City/State and Zip Code	ALL ANG-	
		E-mail address: (to be used for future annual report notification)	ETARXS	
For further in	nformation co	oncerning this matter, please c	all:	SEES	
Rose Atkins	on		904 728-3838 at ()	: 68 FAT	
	Name o	r Person	Area Code Daytime Telephone Nur		
Enclosed is a	e check for th	ne following amount:			
■ \$25,00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. ticate of Status & fied Copy ional copy is enclosed)	
Reg Div		Section orporations	Street Address: Registration Section Division of Corporations		
P.C	 Box 632 	7	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision Imaging St. Augustine, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our reco mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com Florida document number 1.12000012880	npany were filed on 1/27/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZOZZ AUG -9 PM 3: SECRETARY OF STALLAHASSEE, F
 If amending the registered agent and/or registered of agent and/or the new registered office address here: 	ffice address on our records, <u>ents</u>	er the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	TSS
	, i	FloridaZin 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Brian Layman		🗆 Add
		4481 Munson St NW, 301 Canton, OH 44718	■Remove
			□Change
			□Add
			🖾 Remove
			🗆 Change
			🗆 🗆 🗀 Add
		AL	SECRETARY OF ST
		ASSET. 7.	CRETARY OF STATE
			□ Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove

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