

L13000066616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2018 OCT 15 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

OCT 22 2018  
S. PRATHER

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

RASF Innovative Solutions, 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 were filed on May 6, 2013 and assigned

Florida document number L13000066616.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: Hao Vuong, MD

New Registered Office Address: 8900 N Kendall Drive

*Enter Florida street address*

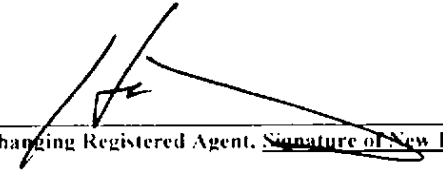
Miami, Florida 33176

*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

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If ~~adding~~ <sup>removing</sup> 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>                      |
|--------------|------------------|--|--|
| p            | Ricardo Cury, MD | c/o Radiology Associates of S<br>Florida | <input type="checkbox"/> Add               |
|              |                  | 8900 N Kendall Drive                     | <input checked="" type="checkbox"/> Remove |
|              |                  | Miami, FL 33176                          | <input type="checkbox"/> Change            |
| MGR          | Ricardo Cury, MD | c/o Radiology Associates of S<br>Florida | <input checked="" type="checkbox"/> Add    |
|              |                  | 8900 N Kendall Drive                     | <input type="checkbox"/> Remove            |
|              |                  | Miami, FL 33176                          | <input type="checkbox"/> Change            |
| VP           | Hao Vuong, MD    | c/o Radiology Associates of S<br>Florida | <input type="checkbox"/> Add               |
|              |                  | 8900 N Kendall Drive                     | <input checked="" type="checkbox"/> Remove |
|              |                  | Miami, FL 33176                          | <input type="checkbox"/> Change            |
| MGR          | Hao Vuong, MD    | c/o Radiology Associates of S<br>Florida | <input checked="" type="checkbox"/> Add    |
|              |                  | 8900 N Kendall Drive                     | <input type="checkbox"/> Remove            |
|              |                  | Miami, FL 33176                          | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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