

L13000145654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

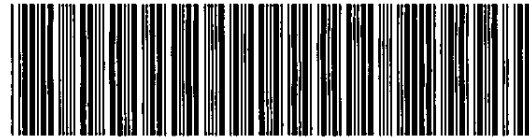
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/10/13--01005--003 \*\*60.00

FILED

13 DEC 10 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 13 2013

T. BROWN

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **Stand-Up Open MRI of Hammond, 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:

**Gary Walker, Esquire**

Name of Person

**Alien Dell, P.A.**

Firm/Company

**202 S. Rome Avenue, Suite 100**

Address

**Tampa, FL 33606**

City/State and Zip Code

**sbaker@allendell.com**

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

For further information concerning this matter, please call:

**Gary Walker, Esquire**

Name of Person

at **813 223-5351**

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

12/02/13

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

**Stand-Up Open MRI of Hammond, LLC**

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

**FILED**  
13 DEC 10 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/16/2013 and assigned  
Florida document number L13000145654.

This amendment is submitted to amend the following:

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

**Stand-Up Open MRI of Indiana, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

n/a

**(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:**

n/a

**New Registered Office Address:**

Enter Florida street address

City, **Florida**

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 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 amending 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:

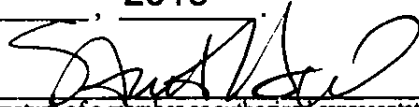
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
n/a			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

Dated November 18, 2013



Signature of a member or authorized representative of a member

**Stuart A. Harlin, MGRM of H-L Consulting Services, LLC**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**