

Note: Please print this page and use it as a cover sheet; Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000147023 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations,

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009 : (305)599-0839 Phone

Fax Number : (305)592-9591

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

- 1	
Email Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LARKIN IMAGING & ASSOCIATES, LLC

RECEIVED MAY 1 0 2018

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help WAY HARRIS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARKIN IMAGING & ASSOCIATES, LLC		
(Name of the Limited Liability C. (A Florida Lim	ompany as it now appears on our record lited Liability Company)	1.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/31/2013	and assigned
Florida document number L13000153501	ر با فعام د با با فعام	
This amendment is submitted to amend the following:	6. 300 (3) (3)	
A. If amending name, enter the new name of the limited	liability company here:	
VITAL IMAGING DIAGNOSTIC CENTERS, LLC	, '-	F. (1)
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		The second
(Principal office address MUST BE A STREET ADDRES.	5)	3 5 F
		TTC: 70
		CO THE PROPERTY OF THE PROPERT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7.
•		
•		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the nev
TERRITOR AREAN AND OF CITE HOW TO PROTECT OF THE ADDRESS	<u>inci c</u> .	
Name of New Registered Agent:	· ·	
New Registered Office Address:		-
	Enter Planda street addres:	•
	ν̄ <sup>ω</sup> , Flo	orida
<del> </del>	('in	Zin 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:

will - A	uthorized Member		
tle	Name	Address	Type of Action
		**** ****	□ Add
		.,	☐ Remove
		Ant s	☐ Change
		for the second	
	***************************************	the same of the sa	Add
			□ Remove
			a romove
	•		□ Change
	1		
	'	10 m	□ Remove
			☐ Change
			La Change
	· ·	,	□ Add
			□ Remove
			псиоче
		ene e	Change
			□ Add A A B B B B B B B B B B B B B B B B B B
			□ Remove.
			THE CHARGE
			Dodd 3
			Change Con
	,	1145	Rēmo <b>va</b> ∩
			Change

		\$ T T	(Altach additional sheets		
			.;		
			es Tephnol		
					-
······································					
		Marian Manian Marian Marian Marian Marian Marian Marian Marian Marian Ma	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	,				
		<del></del>			<del></del>
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	· , , , , , , , , , , , , , , , , , , ,	,	****	
			•		<del></del>
	····	···	747 .		
·			*		<del></del>
			d Managera cype	· · · · · · · · · · · · · · · · · · ·	————·
ective date, if other the	an the date of filin	R:	date of filing or more than 90 d	(optional)	
ite: If the date inserted in coment's effective date on	this plack does not r	neel the applicabl	one of thing or more than 50 d	nys after filing.) Pursuan nts, this date will not	r to 605,0207 (3 be listed as th
Silinent 3 effective date on	the Department of a	imie s records.			
record specifies a de	layed effective (	date, but not a	in effective time, at 1	2:01 a.m. on the	earlier of:
The 90th day after th	e record is med.				
red May	8	N3618			
· · · · · · · · · · · · · · · · · · ·	/ /	<b>)</b>		Ş	
T	/ 1		1		
***************************************	Signatur of a	TICIDE DOUBOTE	cd representative of a member		
JJAN PUIG	Signature of a	ncros Nouthoriz	ed representative of a member		
	Signatur of a	Typed or printed of			MEIARY O MEIARY
	Signatur of a				