

L140000009853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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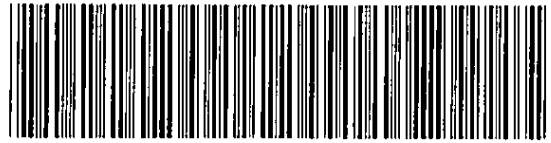
(Business Entity Name)

(Document Number)

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2024 JUL 11 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/11/2024
Acc#I20160000072

mic DW

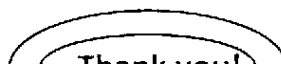
Name:	Flex Telerad, LLC
Document #:	
Order #:	15756623

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Amount: \$ **55.00**



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

FILED

2024 JUL 11 AM 9:19

FLEX TELERAD, LLC

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/13/2014 and assigned
Florida document number L14000009853.

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 "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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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>
MGR	GUILLERMO PATINO	18851 NE 29TH AVENUE SUITE 905	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREW GAUDET	18851 NE 29TH AVENUE SUITE 905	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Premier Radiology Acquisition, Inc	501 S. Flagler Drive, Suite 101B	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

(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)

Dated July 10, 2024

Typed or printed name of signee