

JUL/07/2014 MON 03:35 PM

FAX No.

P. 001

7/7/2014

L14 000 105317

Division of Corporations

Florida Department of State

Division of Corporations

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRESTIGE MEDICAL IMAGING, LLC.**

Certificate of Status	0
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14 JUL -7 PM 3:06
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRESTIGE MEDICAL IMAGING, 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 07/01/2014 and assigned
Florida document number L14000105317

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 end with 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: ORESTES HERNANDEZ

New Registered Office Address: 8100 NW 71ST STREET STE: 204

Enter Florida street address

MIAMI Florida 33166

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	AUREA N. VIDAL	8100 NW 71ST STREET	<input type="checkbox"/> Add
		SUITE 204	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33166	
AMBR	ORESTES HERNANDEZ	8100 NW 71ST STREET	<input checked="" type="checkbox"/> Add
		SUITE 204	<input type="checkbox"/> Remove
		MIAMI, FL 33166	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 07, 2014

Aurea N. Vidal

Signature of a member or authorized representative of a member

AUREA N. VIDAL

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA