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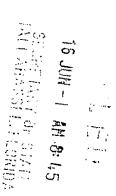
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COVER LETTER

TO: · Regis Divis	stration Section of Corp	tion Formations		v	
	RADIOLOG	Y ASSOCIATES OF FLORI	DA, LLC		
SUBJECT: _		Name of Limi	ited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		TRISH HAGEDORN			
	Name of Person				
HAGEDORN BUSINESS SERVICES INC					
Firm/Company					
		P.O. BOX 221615			
Address					
		WEST PALM BEACH, FI	L 33422		
City/State and Zip Code					
	KELLY@HAGEDORNBS.COM				
		E-mail address: (to be used for future annual report notific	ation)	
For further inf	ormation co	ncerning this matter, please ca	all:		
TRISH HAGI	EDORN		561 686-0668 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
			r		
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fil	ing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RADIOLOGY ASSOCIATES OF FLORIDA, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L14000155840	were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	RADIOLOGY ASSOCIATES OF FLORIDA, LLC			
(Principal office address MUST BE A STREET ADDRESS)	3461 FAIRLANE FARMS RD			
	WELLINGTON, FL 33414			
Enter new mailing address, if applicable:	RADIOLOGY ASSOCIATES OF FLORIDA, LLC			
(Mailing address MAY BE A POST OFFICE BOX)	3461 FAIRLANE FARMS RD			
	WELLINGTON, FL 33414			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:				
	N. S. W.			
New Registered Office Address:	Enter Florida street address , Florida Zip:Gode			
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
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Effective date, if other than the date of filing: (fif 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 605.020 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 5 2 6 1 2 6	If am	ending any other information, ente	r change(s) here: (/	Attach additional shee	ets, if necessary.)	
Effective date, if other than the date of filing: [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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated Signature of a member of a authorized representative of a member Signature of a member of a membe	•	•		<u> </u>		
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Dated 5 26 19 Signature of a member of authorized representative of a member	Note:	If the date inserted in this block does n	ot meet the applicable	ate of filing or more than 9 statutory filing require	(optional) 0 days after filing.) Pur ments, this date will	suant to 605.0207 (not be listed as t
Dated 5 26 19 Signature of a member of authorized representative of a member					Ž.	_
Signature of a member of authorized representative of a member	the re	ecord specifies a delayed effective e 90th day after the record is file	re date, but not ar ed.	n effective time, at	12:01 a.m. on	the earlier of:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00