

L14000168839

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JUL 22 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RADIOLOGY PARTNERS, 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:

RAGHAVENDRA G KULKARNI

Name of Person

RADIOLOGY PARTNERS, LLC

Firm/Company

1414 SW MLK JR AVENUE

Address

OCALA, FL 34471

City/State and Zip Code

rkulkarni@phypartners.com

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

For further information concerning this matter, please call:

Raghavendra G. Kulkarni

Name of Person

at (*352*) *622-7000*

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

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

RADIOLOGY PARTNERS, 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 10/29/2014 and assigned
Florida document number L14000168839.

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:

1714 SW 17TH STREET

(Principal office address MUST BE A STREET ADDRESS)

OCALA FL 34471

Enter new mailing address, if applicable:

PO BOX 789

(Mailing address MAY BE A POST OFFICE BOX)

OCALA FL 34471

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

SECRETARY
STATE OF FLORIDA
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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	PAGIDIPATI, DEVAIAH	2955 SE 3RD COURT,	<input type="checkbox"/> Add
		OCALA FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAGIDIPATI, RUDRAMA	2955 SE 3RD COURT,	<input checked="" type="checkbox"/> Add
		OCALA FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: JULY 1st 2015 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____.

Handwritten signature of a member or authorized representative.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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