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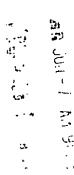
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## **COVER LETTER**

TO:

	Registration Sec Division of Cor						
un irz		Open MRI of Jacksonville, LL	С				
SUBJEC	.l: <u></u>	Name of Limi	ne of Limited Liability Company				
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	. 15			
Please re	eturn all correspo	ndence concerning this matter	to the following:	<b></b> .			
		Robert S. Rushing					
		Carver Darden	Name of Person	·			
		801 West Romana Street, S	Firm/Company				
			Address				
		Pensacola, Florida 32502	City/State and Zip Code				
		rushing@carverdarden.com					
For furtl	ner information e	E-mail address: () oncerning this matter, please or	to be used for future annual report notifull:	ication)			
Robert S	S. Rushing	•	850 266-2300 at ()				
	Name of	f Person		e Telephone Number			
Enclosed	d is a check for th	ne following amount:					
<b>■ \$</b> 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)			
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n			

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovative Open MRI of Jacksonville, 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  $\frac{01/21/2016}{}$ and ässigne Florida document number \_ L16000012360 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Innovative Imaging of Jacksonville, LLC 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

## 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>	Address	Type of Action				
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			☐ Change				
			Remove				
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Filing Fee: \$25.00