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(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
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SECRETARY OF STATE

NE HARRIS

COVER LETTER

TO:	Registration S Division of Co			
CUD DE		OGY ASSOCIATES OF BRAI	DENTON, PLLC	
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all corresp	ondence concerning this matter	to the following:	
		Christopher M. Kelly		
			Name of Person	
		Accountants and Business	Advisors	
			Firm/Company	
		2631-A NW 41st Street		
			Address	
		Gainesville, FL 32606		
			City/State and Zip Code	"
			kdjohnston460@gmail.com	
		E-mail address: (to be used for future annual report n	otification)
For furt	her information	concerning this matter, please ca	all:	
Chri	s Kelly		561 236 - 01: at ()	
	Name	of Person	Area Code Dayt	ime Telephone Number
Enclose	ed 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:

TO:

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

RADIOL	OGY ASSOCIAT	ES OF BRADEN	TON, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	iability Company	were filed on	February 12, 2016	aı	nd assi	gned
Florida document numberL16000030389	·					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	oility company h	<u>ere</u> :			
RADIOLOGY ASSOCIATES OF BRADENTON	N, PLLC					
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviati	on "L.L	C."
Enter new principal offices address, if applic	cable:	N/A	·			
Principal office address MUST BE A STREE	ET ADDRESS)			TAS:	,å,	
					<u> </u>	THE P
Enter new mailing address, if applicable:		N/A		33.5 50.5 50.5 50.5 50.5 50.5 50.5 50.5		
Mailing address MAY BE A POST OFFICE BOX)					- T-	1 1 1
	<u></u>			<u> </u>	ف	Ü
						
B. If amending the registered agent and registered agent and/or the new registered o			1 our records, <u>ente</u>		ame o	f the
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Flo	rida 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>	Name	Address	Type of Action
AP	Kimberly Johnston	213 Gaines Avenue	■ Add
		Sarasota, FL 34243	□ Remove
			Change
AP	Megan Chatham	5915 Riverview Blvd	Add
		Bradenton, FL 34209	□ Remove
			☐ Change
·			□ Add
			☐ Remove
			Change
			Add ASS 5 ACT Remove 17
			CSS Change CSS Change CSS Change CSS Change CRemove
			Change
			Add
			□ Remove
			□ Change

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Filing Fee: \$25.00