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(((H160002601953)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200

Phone Fax Number

: (727)443-5829

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RADIOLOGY IMAGING SPECIALISTS LLC

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OCT 21 2016

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Audit Fax# H160002601963

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RADIOLOGY IMAGING SPECIALIS	TS LLC	The state of the s	reaneds )		
(Name of the Limiter)	Iorida Limited I	ny as it now appears on our inbility Company)	eraine)		
The Articles of Organization for this Limited Liabi	lity Company	were filed on 03/23/2016		and assigned	
Florida document number L16000058702	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:		<b></b>	راي <del>أحرا</del>
				<u> </u>	
The new name must be distinguishable and contain the words	r "Limited Liabi		'LLC" or th	e abbreviation "L.L.S.	至企
Enter new principal offices address, if applicabl	<b>e</b> :	1245 COURT STREET			スプリー
(Principal office address MUST BE A STREET ADDRESS)		CLEARWATER, FL. 3:		의 (~ 리스	
					, r = _
				ږ <u>.</u>	13:
Enter new mailing address, if applicable:		1245 COURT STREET	23	ئرائد الندا	
(Mailing address MAY BE A POST OFFICE BO	20	CLEARWATER, FL 3.	3756		_ 
B. If ninending the registered agent and/or registered agent and/or the new registered officer			ecords, <u>en</u>	ter the name of the	<u>нен</u>
Name of New Registered Agent:	ALAN S. GASSMAN, ESQ.				
New Registered Office Address:	1245 COURT		·		_
		Enter Florida street	address		
_	CLEARWATE		, Florida		_
		City		Zip Code	
New Revistaged Agent's Signature, if changing Reg	ictered Agent:				

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.

Thanging Registered Agent, Signature of New Registered Agent

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## H140002401953

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person heing added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	CHINTAN DESAI	9827 Meadow Field Cir.	
		Tampa, FL 33626	■ Remove
	,		Change
MGR	CDMD MANAGEMENT, L.L.C.	1245 Court Street	≝ ∧dd
		Clearwater, FL 33756	□ Remove
			SELERE I
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he record The 90	d specifies a d Oth day after ti	elayed effec ne record is	tive date filed.	e, but not	an effective	time, at 12:	01 a.m. on the	earlier of:
Dated	October	. <u>J</u> U	2 -بر ·	016	. •			
		(Ola)	Hav.	»				
		Signatu	c of a mem	ber or authori	zed representati	e of a member		
			zed Repre:					

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