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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

suвјест: <u>Radi</u>	Ology Speci	alists of h	Jorth Florida	LLC
	Amendment and fee(s) are sub	_		
	Joshua	a <u>Jellin</u> Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company		
	10618 D	cerwood Pa	32256 32256 SES port notification)	2020 DEC
	Jacksonvi	City/State and Zip Code	32256	-9 PM
For further information co	E-mail address: (o	to be used for future annual rep	port notification)	3: 02
	Perion		473-8563 Daytime Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclos	Certificate c	of Status & py
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Division of	ress: ion Section of Corporations re of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Radiology Specialists of North Florida

(Name of the Limited	Florida Limited I	hability Company)	r recor <u>us.</u> /			
The Articles of Organization for this Limited Liab Florida document number <u>L1600022</u>	bility Company <u>928</u> 8	were filed on9	23 201	9 and as	ssigned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he <u>limited liabi</u>	lity company here:				
Insite Radiola	Day L	_LC_	<u></u>			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	on "LLC" or the at	obreviation "I	L.L.C."	
Enter new principal offices address, if applical		10618 De Jacksony	<u>erwood</u>	Park 3225	<u>. Bivd</u> #4	+
Principal office address MUST BE A STREET	<u>ADDKESS)</u>	JUC L'SOTVY	1110	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>0x)</u>	Jacksonvil	NOOD Pa	3225 3225 3225 3226 3226 3226 3226 3226	id #4 57,	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our records.	enter the nan	ie of the he	w registered	
Name of New Registered Agent:	Same		رن در در	PH 3	M O	
New Registered Office Address:	10418	Deerwood Enter Florida stree	Park 1	BIVB.	#4	
	Jackso	onville City	, Florida	322S	56	

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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			El Change
			□Add
			70 Remove
			Cop PH GARD
			Change
			□Remove
		-	□Change
			□Add
			□Remove
			□ Change

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Signature of a member or authorized representative of a member Jo 77 or 460 mm m Typed or printed name of signee	

Filing Fee: \$25.00