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AUG 29 2017 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: X-Press Fluoroscopic Imoging Services 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:
ANDRE Rojas  Name of Person
X-Press Fluoroscopic Imaging Services LLC Firm/Company
22633 Sw 109th Path Address
City/State and Zip Code  xpress   Lonos copy@gmail.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used or future annual report notification)  For further information concerning this matter, please call:
Aware Roja:  Name of Person  at (786)  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Bound Filing Fee \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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

$\rightarrow$	(-PREIS		e Imagning	Sepulcea	LLC	
	( <u>Na</u>	nte of the Limited Liabi (A Flori	lity Company as it now a da Limited Liability Comp	ppears on our record any)	<u>s.</u> )	
The Articles of Org		•	Company were filed o	on June 12,	2017	and assigned
This amendment is	submitted to a	mend the following:				
A. If amending n	ame, <u>enter the</u>	new name of the lin	nited liability compa	ny here:		
The new name must be	e distinguishable a	nd contain the words "Li	mited Liability Company,'	the designation "LLC	or the abbrevia	tion "L.L.C."
Enter new princip	oal offices addi	ess, if applicable:				
(Principal office a	ddress MUST I	BE A STREET ADD	RESS)		· '···································	
Enter new mailing	•	plicable: ST OFFICE BOX)				
registered agent a	nd/or the new	registered office ad	istered office addres dress here:	ss on our records	s, enter the	name of the nev
Name of	New Registered	I Agent:			### 	8 1
<u>New Reg</u>	istered Office /	Address:		El 11	SE SE	CO Spring
				er Florida street addres	orida 5	至河
New Registered Ag	ent's Signature	if changing Register	City ed Agent:		R AZI O A	Gode

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	1
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRE Rojas	22633 Sw 10914 Path	☐ Add
	V	22633 Sw 1094 Path Miani, FL 33170	Remove
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	STATE LORID,	<u> </u>	7
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note:  If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursua ments, this date will no	ant to 605.0	0207 ( d as t
he record specifies a delayed effective date, but not an effective time, at the 90th day after the record is filed.	12:01 a.m. on the	e earlie	r of:
Dated avoit 24 2017.			
Signature of a member or authorized representative of a memb	рег		

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Filing Fee: \$25.00