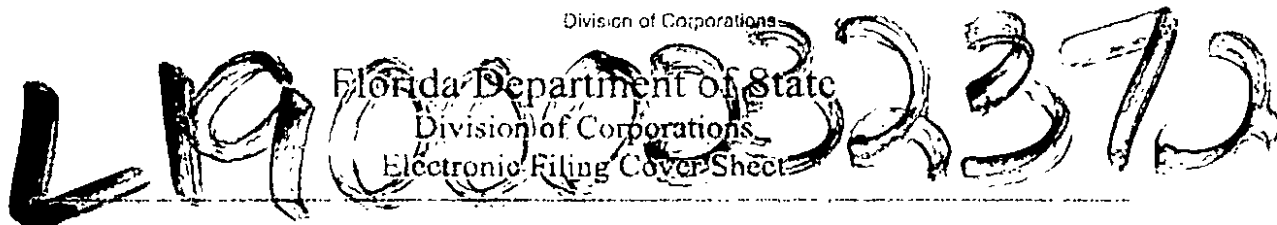


11/12/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000332252 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : 120110000067
Phone : (786)362-0124
Fax Number : (305)675-0701

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
PROMED IMAGING, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2019 NOV 12 15:42:04

2019 NOV 12 PM 4:15

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2019 NOV 12 P 4:16

MALLABUENA, FLORIDA

PROMED IMAGING, 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 09/24/2019 and assigned
Florida document number L1900032372

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

15495 EAGLE NEST LANE

SUITE 130

MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15495 EAGLE NEST LANE

SUITE 130

MIAMI LAKES, FL 33014

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:

FELICE FTI, TREVOR

New Registered Office Address:

15495 EAGLE NEST LANE

Enter Florida street address

MIAMI LAKES

City

Florida 33014

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.

Trevor Felice
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records;

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELICETTI, TREVOR	15495 EAGLE NEST LANE	☒ Add
		UITE 130	☐ Remove
		MIAMI LAKES, FL 33014	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be "as soon as practicable.")

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 10 2019

Signature of a member or authorized representative of a member
Trevor Felicetti
Typed or printed name of signer