N19000241841

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ORIGINAL

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	Cr. National	Radiology Solutions, LLC			
SUBJE	C1.	Name of Limit	ed Liability Company		
The enc	losed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please	eturn all correspo	ondence concerning this matter t	o the following:		
		J. Ben Vitale			2022 JUL 18 KH 10: 87 SECRETARCHUL STATE
			Name of Person		
		Vitale Law, P.A.			52 <u>−</u> 20 8
			Firm/Company		
		5214 Paylor Lane			Wisconsignation States
			Address		19 July 19 19 19 19 19 19 19 19 19 19 19 19 19
		Lakewood Ranch, FL 34240	0		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For fu	ther information	concerning this matter, please ca	all:		
J. Ber	ı Vitale		at (941) 552-7887		
	Name	of Person	Area Code Daytir	ne Telephone Number	
Enclos	sed is a check for	the following amount:			
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status &
	Mailing Adda Registration		Street Address: Registration S	ection	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Radiology Solutions, (Name of the Limited Liability Companies (A Florida Limited L	LLC ay as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000241841</u> .	were filed on 9/24/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
		vistion "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabil	1101 S. Park Avenue	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787	2022
		COST U
Enter new mailing address, if applicable:	1101 S. Park Avenue	25 <u>B</u>
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 34787	52 5
		97 S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name (</u>	or the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	····
	, Florida	Zip Code
	City	zap 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Remove
			Change
			□ Remove
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			SECOLAR Remove
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document 5	The state of the s								
ne record spec ord is filed.	ifies a delayed effective date,	out not an effe	ctive time, at	. 12:01 a.m.	on the earlie	erof:(b) T	The 90th d	ay after	the
	June 16		22/	//_					
Dated		/		///					

Filing Fee: \$25.00