# 119000280132





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## **COVER LETTER**

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Proimaging LLC		
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
	_	
Jennifer Gonzalez		
	Name of Person	
Ultrasound Proimaging,	LLC	
	Firm/Company	
17840 NW 79 Place		
	Address	
Hialeah, FL, 33015		
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
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meering this matter, please c		
		ne Telephone Number
Person	Area Code Daytin	ne Telephone Number
e following amount:		
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>u</u>	Street Address:	
	Proimaging LLC  Name of Lin  Amendment and fee(s) are subsidence concerning this matter  Jennifer Gonzalez  Ultrasound Proimaging.  17840 NW 79 Place  Hialeah, FL, 33015  usproimaging@gmail.com  E-mail address: (oncerning this matter, please of Person  e following amount:  I \$30,00 Filing Fee & Certificate of Status	Proimaging LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing, indence concerning this matter to the following:  Jennifer Gonzalez  Name of Person  Ultrasound Proimaging, LLC  Firm/Company  17840 NW 79 Place  Address  Hialeah, FL, 33015  City/State and Zip Code  usproimaging@gmail.com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  Person  at (

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2020

JENNIFER GONZALEZ 17840 NW 79 PLACE HIALEAH, FL 33015

SUBJECT: ULTRASOUND PROIMAGING, LLC

Ref. Number: L19000280132

We have received your document for ULTRASOUND PROIMAGING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00003179

Irene Albritton Regulatory Specialist II

www.sunbiz.org

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ultrasound Proimaging, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nied Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/09/2019	and assigned
Florida document number L19000280132	-	<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		超声加
Enter new mailing address, if applicable:		里 三
Mailing address MAY BE A POST OFFICE BOX)		TILE THE
-	· · · · · · · · · · · · · · · · · · ·	PULL TO
		7
3. If amending the registered agent and/or registered of	fice address on our records, <u>enter th</u>	e name of the new register
gent and/or the new registered office address here:		- <del> </del>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Flori	ida
	Cien	That I.

#### 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>	<u>Name</u>	<u>Address</u>	Type of Action
PR	Jennifer Gonzalez	17840 NW 79 Place, Hialeah, Fl. 33015	
		<del> </del>	■Remove
			□Change
TR	Jennifer Gonzalez	17840 NW 79 Place, Hialeah, Fl. 33015	□Add
			<b>≡</b> Remove
			□Change
MGR	MGR Jennifer Gonzalez	17840 NW 79 Place, Hialeah, Fl. 33015	<b>=</b> Add
			□Remove
			□Change
AMBR	Jennifer Gonzalez	17840 NW 79 Place, Hialeah, Fl. 33015	■Add
			□Remove
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			□Remove
			□Change
<del></del>			□Add
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ffective date if other then t	he date of filings	(	1\)
<b>lote:</b> If the date inserted in this	must be specific and cannot be prior to s block does not meet the applical e Department of State's records.	odate of filing or more than 90 days after the statutory filing requirements, this	filing.) Pursuant to 605,0207 (3)(b) date will not be listed as the
record specifies a delayed effect is filed.	ctive date, but not an effective tin	ne, at 12:01 a.m. on the earlier of; (b	The 90th day after the
January 9 ated			
gang	Sign of a manhar or and	ized representative of a member	
\ I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	engineeric or a inconuct or author	o ea representative of a member	
<b>3</b>			

Filing Fee: \$25.00