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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

ΓΟ: Registration S Division of Co			
Colton Br	ooks LLC		
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	Colton Brooks		
		Name of Person	
	Colton Brooks LLC		
		Firm/Company	
	3451 Jubilee Dr		
		Address	
	Pace, Florida 32571		
	thesuncoastimaging@gmail.	City/State and Zip Code	
		o be used for future annual report noti	fication
			readon,
or further information. Colton Brooks	concerning this matter, please ca	850 418-0085	
COROR DIOOKS			
Name	of Person	at () Area Code Daytim	e Telephone Number
	4. 6.11		
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$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)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colton Brooks LLC		
(Name of the Limited Lis (A F)	ability Company as it now appears on our records. orida Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L21000047462	• • •	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Suncoast Imaging LLC		
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 AL		
(1 jincipai office uauress MOSI DE A STREET AL		
v		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registagent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	he name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	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.

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	t be specific and cannot b	be prior to date of filing applicable statutory	or more than 90 days af	otional) ter filing.) Pursuant to 605.02 his date will not be listed
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f an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the Detective date on the Detective date on the Detective date on the Detective date of the Detection date of	epartment of State's re		.m. on the earlier of:	(b) The 90th day after the
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