

121 000 392 597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

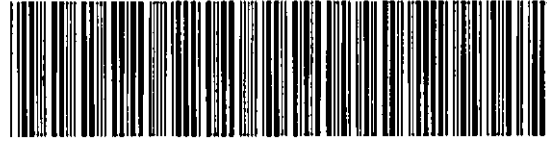
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAYUS DCA 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:

Amy Hodges

Name of Person

RAYUS Radiology

Firm/Company

5775 Wayzata Blvd., Suite 400

Address

St. Louis Park, MN 55416

City/State and Zip Code

amy.hodges@RAYUSradiology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Hodges

Name of Person

at (952) 738-4643

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RAYUS DCA 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 September 02, 2021 and assigned
Florida document number L21000392597.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5775 Wayzata Boulevard

Suite 400

St. Louis Park, MN 55416

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5775 Wayzata Boulevard

Suite 400

St. Louis Park, MN 55416

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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

Florida

32301

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.

Sophia Potreau

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rikki Lober Bagatell		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kimberly Tzoumakas	5775 Wayzata Boulevard	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		St. Louis Park, MN 55416	<input type="checkbox"/> Change
AMBR	Ryan Raschke	5775 Wayzata Boulevard	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		St. Louis Park, MN 55416	<input type="checkbox"/> Change
AMBR	Amy Garrigues	5775 Wayzata Boulevard	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		St. Louis Park, MN 55416	<input type="checkbox"/> Change
AMBR	Per Normark	5775 Wayzata Boulevard	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		St. Louis Park, MN 55416	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20, 2021

Re Marmont

Signature of a member or authorized representative of a member

Per Normark, General Counsel and Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00