## L21000534773

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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TO:

TO: Registration S Division of Co			
	A ADVANCED EQUINE IMAC	SING. LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	John Peloso		
		Name of Person	
	FLORIDA ADVANCED I	EQUINE IMAGING, LLC	
	<del></del>	Firm/Company	
	3478 SW 86th ST		
		Address	
	Gainesville, Florida, 3260	8	
		City/State and Zip Code	
	johnpeloso59@gmail.com	to be used for future annual report notif	E
For further information	concerning this matter, please c	•	iicaron)
John Peloso		352 266-7712	
Name	of Person	at ()	e Telephone Number
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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA ADVANCED EQUINE IMA	GING, LLC			
(Name of the Limited L. (A.F.	iability Compa lorida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liabil	ity Company	were filed on 12/21/2021	and a	ssigned
Florida document number L21000534773				
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
Florida Equine Imaging & Sports Medicine LLC				
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "	L.L.C."
Enter new principal offices address, if applicable	<b>::</b>	6897 North West Highway 225A	<i>ू</i> (171	2023
(Principal office address MUST BE A STREET A	DDRESS)	Ocala, Florida 34482	<u> </u>	E T
		<del></del>	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		same - no change	ASSEE.	
(Mailing address MAY BE A POST OFFICE BOX	<u>X)</u>		<u> </u>	 .5 8
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:		address on our records, enter the i	name of the n	ew registere
New Registered Office Address:	ате			
New Registered Office Address.	·	Enter Florida street address		
Si	ame	, Florida	same	
_		City	Zip Cod	e
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag	gent and agr	ee to act in this capacity. I further	r agree to con	nply with th

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
	same	same	□Add
			□ Remove
			□ Change
			□Remove
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## Page 2 of 3

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Effect	ive date, if other than the date of filing: (optional)
f an ef Note:	fective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a sent's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	1-25-2023
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00