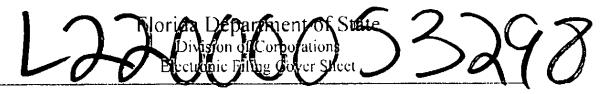
From: Kaity Toon

2/23/22, 5:00 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000713293)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: SKYLIGHT IMAGING OF FLORIDA, LLC

Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$25,00

2022 FEB 24

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**LEB 72 3033** T. LEMIEUX

## From: Kaity Toon

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYLIGHT IMAGING OF FLORIDA, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number L22000053298	were tiled on 02/10/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the nan</u>	ne of the new register
		22
Name of New Registered Agent:		
New Registered Office Address:	Enter Ftorida street address	· 5
	, Florida	Zip Codē
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further as performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is
If Chai	nging Registered Agent, Signature of New Re	egistered Agent

From: Keity Toon

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

To: +18506176383

<u>Title</u>	Name	Address	Type of Action
AMBR	Mohammad Baraineh	1200 Riverplace Boulevard, Suite 705	□Add
		Jacksonville, Florida 32207	⊠Remove
AMBR	Skylight Health of Florida, LLC	1200 Riverplace Boulevard, Suite 705	
		Jacksonville, Florida 32207	Remove
			Change
			□Remove
		<u> </u>	Change
			□Add
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		<del></del>	Remove
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If amending any other informs	many cores counge(.)	ineres princes a	Marine Marine	, naceman, ,	
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Effective date, if other than the (If an effective date is listed, the date mu Note; If the date inserted in this b document's effective date on the L	lock does not meet the a	applicable statutor	y filing requiremen	ts, this date will not b	o 605,0207 ( c listed as t
he record specifies a delayed effective ord is filed	e date, but not an effect	tive time, at 12:01	am on the earlier	of: (b) The 90th day	after the
Dated February 23	2022	·			
Jessi	ca Jeorge Signature of a member of	r authorized represe	ntative of a member		_
V	organize of a member of	. amora ca represe	Annual Car and St. 1888 688 776 5		
Jessica George		r printed name of si			_