## 122000112157

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SECRETANY OF STATE
TALLAMASSEF STATE

A. BUTLER APR 2 9 2022

## **COVER LETTER**

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end leæe.	T.D.R.S., L			
SUBJECT		Name of Limited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Travis Wetherby		
			Name of Person	
			Firm/Company	
		3004 Taunton Drive West		
			Address	
		Bradenton, FL 34205		
City/State and Zip Code				
		twetherby@tdrsine.com  E-mail address: ()	to be used for future annual report no	uitication)
For further	information c	oncerning this matter, please ca		
Travis Wet	herby		941 720-0294	
	Name o	f Person	at () Area Code Daytin	me Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$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)
	ailing Addres		Street Address: Registration S	ection
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECONDARY T.D.R.S., LLC SECRETARY OF STATE
TALLAHASSEE, and assigned The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/4/2022}{}$ Florida document number \_\_\_\_\_L22000112157 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coast to Coast Radiology, 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 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 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: New Registered Office Address: Enter Florida street address \_. Florida \_\_\_ City

## 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	4pril 5th 2022
	//m/1) Willia
	Signature of a member or authorized representative of a member
	Travis W. Wetherby

Filing Fee: \$25.00