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COVER LETTER

Registration Section
Division of Corporations

TO:

	ealthcare LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Lydia Bastable		
'		Name of Person	
i i	Radiant Healthcare LLC		
1		Firm/Company	
	1434 Sound Forest Drive		
		Address	
	Gulf Breeze, FL 32563		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<u>.</u>
	drlyddie@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
David Bastable		781 710-0384	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Radiand Healthcare LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it no orida Limited Liability Co	ow appears on our records.) ompany)	- 1
The Articles of Organization for this Limited Liabili	ty Company were file	ed on June 29, 2022	UL-8 And assigned and assigned CRID.
Torida document number L22000293811			25.4 25.4 25.4 26.4
florida document number	 ·		Er F
his amendment is submitted to amend the following	3 :		
A. If amending name, <u>enter the new name of the</u>	limited liability com	ipany here:	
Radiant Healthcare LLC			
he new name must be distinguishable and contain the words	Limited Liability Compa	iny," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable			
Principal office address MUST BE A STREET Al	ODRESS)		
•			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	2		
			
3. If amending the registered agent and/or regist		on our records, <u>enter th</u>	e name of the new registere
ngent and/or the new registered office address he	re:		
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:		Enter Florida street address	
		Enter Florida street address	ida

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
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other informa	ation, enter change(s) here: (Attach addi	tional sheets, if necessary.)	
	<u>, </u>		
E. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this be document's effective date on the I	ust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 60: ling requirements, this date will not be list	5.0207 (3 \(\b) ed as the
If the record specifies a delayed effecti record is filed.	ive date, but not an effective time, at 12:01 a.n	n, on the earlier of: (b) The 90th day afte	τ the
Dated July 1	2022		509 9
Lyclia E	Bastable		=
7	Signature of a member or authorized representati	ive of a member	8 LE 0
Lydia E Bastable	Typed or printed name of signee	5 25 25 25 25 25 25 25 25 25 25 25 25 25	<u>.</u> 0:

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