L2200332054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800402121958

02/16/23--01003--002 **55.00

TALL AHASSEE FLORE

2023 FEB 15 AM II: 2

FINED
23FEB IS AHII: 2

(2/10/2023

CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

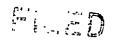
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		**			
	1	PICK UP:	02/15/2023		
M	CERTIFIED COPT	ď			
	CUS			<u> </u>	
XX	FILING	LLCA	AMENDMENT		-
1.	Radiolog	y of Florida,	LLC		
	(CORPORATE NAME AND E	OCUMENT #)			
2.					
	(CORPORATE NAME AND I	OCUMENT #)			
3.					
	(CORPORATE NAME AND E	OCUMENT #)			
4.					
••	(CORPORATE NAME AND D	OCUMENT #)			
5.					
~/•	(CORPORATE NAME AND D	OCUMENT #)			
6					
6.	(CORPORATE NAME AND D	OCUMENT #)			
SPECIA INSTRU	AL UCTIONS:				
					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Radiology of Florida, LLC

2023 FEB 15 AH 11: 28

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	is as it now appears on our records.) STALL: JASSEE, FL
The Articles of Organization for this Limited Liability Company v Florida document number L22000332054	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	106 North Dean Road Suite 110
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32852
Enter new mailing address, if applicable:	106 North Dean Road Suite 110
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32852
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on our records, enter the name of the new
New Registered Office Address:	
New Neglacied Office Address.	Enter Florida street address
	Florida
N. D. C. L. S.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as prebeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, it this decompant is

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			🖸 Change
			Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			□ Change
			Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be specifically and cannot be specifically and cannot be specifically and cannot be s	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be specifically and cannot be specific and cannot be specific and cannot be specific	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	
(If an effective date is listed, the date must be specific and cann	(optional)
document's effective date on the Department of State'	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (he applicable statutory filing requirements, this date will not be listed as t
the record specifies a delayed effective date,) The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated 2/14 . 20	023
H.	an Sec
Signature of a memb	er or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00