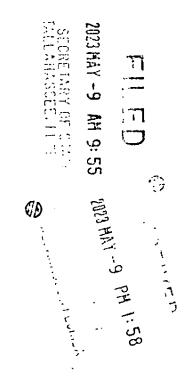
(Ř	equestor's Name)
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(C	rty/State/Zip/Phone #)
•	,
PICK-UP	WAIT MAIL
	Business Entity Name)
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(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	J. HORNE MAY 10 2023
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/09/23

NAME: MATRIX RADIOLOGY LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corpor					
SUBJE	· ·CT·	MATRIX	RADIOLOG	Υ		
30 D3 E			ted Liability Company			
The end	closed Articles of Am	endment and fee(s) are sub-	mitted for filing.			
Please 1	return all corresponde	ence concerning this matter	to the following:			
		WILLIA	M T. T. Name of Person	PAV15	 	
			X RADIO Firm/Company			
			CENTERGATE Address			
		MIRAM	PR, FL City/State and Zip Cod	33025		
	-	IMPLANT E-mail address: (t	TITZDAY@	YAHOO. Ce	on)	
For furt	her information conc	erning this matter, please ca				
	Illa T.		at (561)	662-9 Daytime Tele	497	_
	Name of Pe	ison	Area Code	Daytime reie	sphone Number	
Enclose	ed is a check for the fe	ollowing amount:				
□ \$2 :	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or			7 %	
(Name of the Limited I	RIX RA Liability Company as Florida Limited Liabil	ADIOLOG it now appears on o		SECULIAN -S	77
The Articles of Organization for this Limited Liabi	lity Company wer		_	and assigned	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		company here:			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	ompany," the designa	tion "LLC" or the abb	previation "L.L.C."	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>				<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ess on our record	ls, <u>enter the nam</u>	e of the new regis	<u>stered</u>
Name of New Registered Agent:	WILLIA	m T. DA	VIS		
New Registered Office Address:	2557	CENTERCAT Enter Florida str	<u> </u>	01	_
	MIRA	mAn	, Florida	33025	
		City		Zip Code	

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
MGR	WILLIAM T. DAVIS	2557 CENTERGATE DR #1	<u>⊘</u> X _{Add}
		MIRAMAR, FL 33025	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			🗆 Add
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			Change
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			□ Remove
			Change

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an effect ote: If	e date, if other than the date of filing:
in Glad	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
ated	05/09/2023 HT William T. Den Signature of a member or authorized representative of a member WILLIAM T. DAVIS
	CV
	Signature of a memoer of authorized representative of a memoer

Filing Fee: \$25.00

COVER LETTER

TO:	Registration Sect Division of Corpo		
01 TO 12	, den	MATRIX	RADIOLOGY
SUBJE	CT:		ited Liability Company
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.
Please	return all correspond	lence concerning this matter	to the following:
		WILLIA	Name of Person
		MATRI	X RADIOLOGY Firm/Company
			CENTERGATE DR #101 Address
		MIRAM	AR, FL 33025 City/State and Zip Code
			TITZDAY@ YAHOO. Com to be used for future annual report notification)
		ncerning this matter, please ca	all:
	Vella T. Name of I	Person	at (561) 662-9497 Area Code Daytime Telephone Number
Enclos	ed is a check for the	following amount:	
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se		Street Address: Registration Section
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303