

L24000058129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

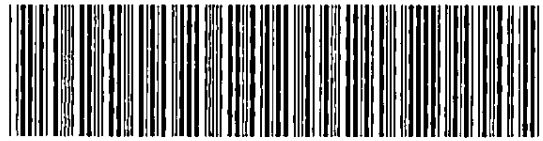
(Business Entity Name)

(Document Number)

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2024 FEB 27 PM 12:45  
2024 FEB 27 PM 3:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 02/27/2024

Acc#I20160000072

*en: c SW*

Name:	SPECIALISTS IN DIAGNOSTIC IMAGING, LLC
Document #:	
Order #:	15402117

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ 55.00
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Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPECIALISTS IN DIAGNOSTIC IMAGING, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matt Bergin

\_\_\_\_\_  
Name of Person

SPECIALISTS IN DIAGNOSTIC IMAGING, LLC

\_\_\_\_\_  
Firm/Company

501 S. Flagler Drive, Suite 110

\_\_\_\_\_  
Address

West Palm Beach, FL 33401

\_\_\_\_\_  
City/State and Zip Code

matt@grovecourtcapital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Femicola

954

768-5227

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

**2024 FEB 27 PM 12: 45**

SPECIALISTS IN DIAGNOSTIC IMAGING, LLC

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/02/2024 and assigned  
Florida document number L24000058129.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

, Florida 33324

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.*

*Meredith Hellwig*

Meredith Hellwig Assistant Secretary

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HSZF HOLDINGS, LLC	629-A E HILLSBORO BLVD	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Premier Radiology Acquisition, Inc	501 S. Flagler Drive, Suite 101B	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated February 26, 2024

Artt Bergin

Signature of a member or authorized representative of a member

MATT BERGIN

Typed or printed name of signee

**Filing Fee: \$25.00**