

L99000002963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 23 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAYE MEDICAL 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:

DONALD S GOLDRICK

Name of Person

DONALD S GOLDRICK PA

Firm/Company

P O BOX 970735

Address

COCONUT CREEK, FLORIDA 33097

City/State and Zip Code

dsgoldrick@yahoo.com

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

For further information concerning this matter, please call:

DONALD S GOLDRICK

Name of Person

at (954) 428-2900

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2014 OCT 27 P 12:01

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FAYE MEDICAL IMAGING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on MAY 19, 1999 and assigned Florida document number L99000002463.

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 end with 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:

DONALD S GOLDRICH

New Registered Office Address:

5177 N.W. 74TH AVENUE

Enter Florida street address

COCONUT CREEK

City

Florida

33073

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.

Donald S Goldrich

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MGR</u>	<u>PETE TYNDALE</u>	<u>4041 SAN MARINO BLVD #101</u>	<input type="checkbox"/> Add
		<u>WEST PALM BEACH FL 33409</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>RENE NICOLAS</u>	<u>3601 W. COMMERCIAL BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 20</u>	<input type="checkbox"/> Remove
		<u>FT. LAUDERDALE, FL 33309</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

2014 OCT 27 PM 01
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 20, 2014.

Signature of a member or authorized representative of a member

PETE TYNDALE

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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2014 OCT 27 P 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2014

DONALD S. GOLDRICH
FAYE MEDICAL IMAGING, LLC
POST OFFICE BOX 970735
COCONUT CREEK, FL 33097

SUBJECT: FAYE MEDICAL IMAGING, LLC
Ref. Number: L99000002963

We have received your document for FAYE MEDICAL IMAGING, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 514A00021454