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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>I20210000160</u>: \$25.00 Authorization Signature Total Body Scan LLC L01000003030 Walk in Will wait _____ Certified Copies of the Articles of Incorporation ____ Certificate of Status **NEW FILINGS AMENDMENTS** _X___ Amendment ____ Profit ____ Not for Profit ____Resignation of R.A. ____Change of Registered Agent LLC ____Dissolution/Withdrawal Domestication ____ Conversion INC ___Statement of Authority CORP OTHER Merger . Amended and Restated Articles REGISTRATION/QUALIFICATIONS OTHER FILINGS ____ Foreign Filing ____Annual Report ____ Partnership ____Reinstatement Fictitious Name CORRECTION for a LLC ____ Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL ____COUNTRY Other

EXAMINER'S INITIALS:

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | 120210000160: Authorization Signature Level Level Total Body Scan LLC L01000003030 Will wait __ Walk in Certified Copies of the Articles of Incorporation ____ Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> _X__ Amendment Profit ____ Not for Profit Resignation of R.A. ___ LLC Change of Registered Agent Dissolution/Withdrawal Domestication ____ Conversion INC ____Statement of Authority CORP OTHER Merger . Amended and Restated Articles REGISTRATION/QUALIFICATIONS OTHER FILINGS ___ Foreign Filing ___Annual Report Partnership ____Reinstatement Fictitious Name ____ CORRECTION for a LLC ____ Statement of Authority Domestication of a Foreign Corp. ____ APOSTIL _ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

ision of Cor	porations			
TOTAL BODY SCAN LLC				
	Name of Limi	ited Liability Company		
I Articles of	Amendment and fee(s) are sub	nitted for filing.		
all correspo	ndence concerning this matter	to the following:		
	Amanda G. Nordelo			
		Name of Person		
	Jonathan H. Green & Asso	ciates, P.A.		
		Firm/Company		
	901 Ponce De Leon Bouley	rard. Suite 601		
	***************************************	Address		
	Coral Gables, FL 33134			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
nformation c	oncerning this matter, please ca	all:		
Amanda G. Nordelo 305 372-5100				
Name of Person		Area Code Daytii	ne Telephone Number	
i check for th	ne following amount:			
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)	
		_		
			Division of Corporations The Centre of Tallahassee	
	TOTAL BO I Articles of all corresponding Corresponding Fee siling Fee siling Fee siling Fee siling Fee siling Address gistration of Corresponding Corresponding Fee siling Fee	Name of Limital Articles of Amendment and fee(s) are substantial correspondence concerning this matter Amanda G. Nordelo Jonathan H. Green & Associated Science of Person Coral Gables, FL 33134 E-mail address: (and the following amount: Coral Gables of Person Coral Gables of Person	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Amanda G. Nordelo Name of Person Jonathan H. Green & Associates, P.A. Firm/Company 901 Ponce De Leon Boulevard. Suite 601 Address Coral Gables, FL 33134 City/State and Zip Code E-mail address: (to be used for future annual report no afformation concerning this matter, please call: Nordelo Name of Person Area Code Dayting fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: gistration Section Registration Section Vision of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

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TOTAL BODY SCAN LLC

(Name of the Limi	ted Linbility Company as it now appear (A Florida Limited Liability Company)	s on our records.)	The State
The Articles of Organization for this Limited L	iability Company were filed on $\frac{02}{2}$	26/2001	and assigned
Florida document number L01000003030			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company." the d	esignation "LLC" or the abt	oreviation "L.L.C."
Enter new principal offices address, if applie	rable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office address on our re	ecords, enter the name	e of the new registered
New Registered Office Address:	1380 NE Miami Gardens Drive, S	uite 125	
New Registered Office (Secress).	Enter Flor	ida sireei address	
	North Miami Beach	, Florida ³³¹	79
	Сцу		Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act in this oper and complete performance of istered agent as provided for in Cregistered office address, I hereb	my duties, and I am fo hapter 605, F.S. Or, i	amiliar with and if this document is
	Paul Fl	aynd	

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

Title	Name	<u>Address</u>	Type of Action
MGR	FRAYND, PAUL	1380 NE Miami Gardens Drive	≣ Add
		Suite 125	□Remove
		North Miami Beach, FL 33179	
MGR	FRAYND, ALAN	1380 NE Miami Gardens Drive	= Add
		Suite 125	□Remove
		North Miami Beach, FL 33179	Change
MGR	FRAYND, YAEL	1380 NE Miami Gardens Drive	■Add
		Suite 125	□Remove
		North Miami Beach, FL 33179	☐ Change
MGR	MARIN, DIANA	1380 NE Miami Gardens Drive	
		Suite 125	□Remove
		North Miami Beach, FL 33179	[]Change
			□Add
			☐ Remove
			Change
			🗆 Add
			□Remove

tet: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed. ted 11/26 2024	ective date, if other than the date of filing: (optional) (optional)			
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Amanda G. Nordelo, Esq. Typed or printed name of signee			i visual de dellacti datte di Citt	116-17-

Filing Fee: \$25.00