

L01000000L0125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

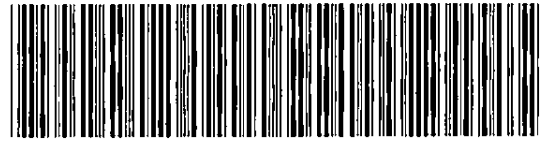
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
DEC 11 2024

Office Use Only



100439557061

FILED

2024 DEC 10 PM 12:13

2024 DEC 10 AM 10:55

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature *Samuel*

Total Body Scan Management, LLC. L01000006725

     Walk in

     Will wait

     Certified Copies of the Articles of Incorporation

     Certificate of Status

**NEW FILINGS**

     Profit  
     Not for Profit  
     LLC  
     Domestication  
     INC  
     CORP  
     OTHER

**AMENDMENTS**

  X   Amendment  
     Resignation of R.A.  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Conversion  
     Statement of Authority  
     Merger  
     Amended and Restated Articles

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     Statement of Authority  
     APOSTIL                     

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing  
     Partnership  
     Reinstatement  
     CORRECTION for a LLC  
     Domestication of a Foreign Corp.  
                          Other

EXAMINER'S INITIALS:

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Authorization Signature *Jenise +lh*

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\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOTAL BODY SCAN MANAGEMENT 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:

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 33180

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

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

For further information concerning this matter, please call:

Amanda G. Nordelo

305 372-5100  
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**

TOTAL BODY SCAN MANAGEMENT LLC

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

FILED  
2024 DEC 10 PM 12:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/30/2001 and assigned  
Florida document number L01000006725.

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:

FRAYND, PAUL

New Registered Office Address:

1380 NE Miami Gardens Drive, Suite 125

Enter Florida street address

North Miami Beach

Florida 33179

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.*

*Paul Fraynd*

**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>
MGR	FRAYND, GERMAN	21150 Biscayne Blvd	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	FRAYND, PAUL	1380 NE Miami Gardens Drive	<input checked="" type="checkbox"/> Add
		Suite 125	<input type="checkbox"/> Remove
		North Miami Beach, FL 33179	<input type="checkbox"/> Change
MGR	FRAYND, ALAN	1380 NE Miami Gardens Drive	<input checked="" type="checkbox"/> Add
		Suite 125	<input type="checkbox"/> Remove
		North Miami Beach, FL 33179	<input type="checkbox"/> Change
MGR	FRAYND, Yael	1380 NE Miami Gardens Drive	<input checked="" type="checkbox"/> Add
		Suite 125	<input type="checkbox"/> Remove
		North Miami Beach, FL 33179	<input type="checkbox"/> Change
MGR	MARIN, DIANA	1380 NE Miami Gardens Drive	<input checked="" type="checkbox"/> Add
		Suite 125	<input type="checkbox"/> Remove
		North Miami Beach, FL 33179	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

~~\_\_\_\_\_~~

Amanda G. Nordelo, Esq.

**Filing Fee: \$25.00**