Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000166663)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone

: (844)386-0178

Fax Number

: (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
cmaı L	. Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHES OPEN MRI OF THE TREASURE COAST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Help S. RCC RCS

.To: 18506176383 From: 12147128131 Date: 01/22/24 Time: 6:50 PM Page: 03/06

COVER LETTER

(((H24000016666 3)))

TO: Registration Section Division of Corpo			
Beaches	open MRI of the Ti	reasure Coast LLC	
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Darren Speed		
Name of Person			
	Akum	in Operating Corp.	
	Firm/Company		
	8300 West Suni	ri se Blvd.	
		Address	
	Plantation, FL 33322		
		City/State and Zip Code	
,	nozomi.muelle	to be used for future annual report notice	fication)
For further information con	neerning this matter, please co		
	ectining this minute, process		
Nozomi Mueller		at (813) 463-4443 Area Code Daytime	Telephone Number
Name of F	cison		·
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address:		<u>Street Address:</u> Registration Sec	tion
Registration Section		Division of Corr	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

To: 18506176383 From: 12147128131 Date: 01/22/24 Time: 6:50 PM Page: 04/06

(((H24000016666 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 9/5/2001		
Florida document number L01000015142		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)	8300 West Sunrise Blvd.	24. TA
	Plantation, FL 33322	AN AN
		± 2
cuter new mailing address, if annlicable		(S)
,	3300 West Sunrise Blvd.	[1] 3
Same as the Burney	Flantation, FL 33322	75
		117 3 7
enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	Flantation, FL 33322	<u> 75 -</u>
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	
	address on our records, enter the natur	
gent and/or the new registered office address here:		
pent and/or the new registered office address here: Name of New Registered Agent:		
pent and/or the new registered office address here: Name of New Registered Agent:		

provisions of all statutes relative to the proper and complete performance of my duties, and I um 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

To: 18506176383 From: 12147128131 Date: 01/22/24 Time: 6:50 PM Page: 05/06

(((H24000016666 3)))

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	Address	Type of Action
MGR	Darren Speed	8300 West Sunrise Blvd,	20 ∧dd
		Plantation, FL 33322	[]Remove
			[] Change
AMBR	Andrew T Walker MD	6 Crane's Nest	①Add
		Stuart, FL 34996	
			Change
AMBR	Drew Gallant MD	13831 Baycliff Drive	□Aód
	, , ,	North Palm Beach, FL 33408	
			Change
AMBR	Henry Zayas MD	1449 SE Riverside Drive	□Add
		Stuart, FL 34996	KIRemove
			DChange
MGR	Thomas Fix MD	8300 W sunrise Blvd.	(2 8Add
		Plantation, FL. 33322	□Remove
			□Change
			[]Add
			□Remove
			Change

. . To: 18506176383 From: 12147128131 Date: 01/22/24 Time: 6:50 PM Page: 06/06

	(((H24000016666
If amending any other information, enter change(s) here: (Attach additio	nal sheets, If necessary.)
	•
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more t	han 90 days after filing.) Pursuant to 605.0207 (
ote: If the date inserted in this block does not meet the applicable statutory filing re- ocument's effective date on the Department of State's records.	quirements, this date will not be listed as the
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ne earlier of: (b) The 90th day after the
is filed.	
7. //	
$\frac{1}{200}$ tod $\frac{1}{200}$	
Dec // 2023	
Signature of a member or authorized representative of a	member
Dannala Calall	
Typedfor pripted name of signer	

Filing Fee: \$25.00