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.

(((H240000447053)))



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: |  |  |  |  |  |  |
|-------|----------|--|--|--|--|--|--|
|       |          |  |  |  |  |  |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHES OPEN MRI OF PBG LLC

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

· To: 18506176383 From: 12147128131 Date: 02/01/24 Time: 9:43 PM Page: 02/05

## COVER LETTER (((H24000044705 3)))

|                         | ation Section  n of Corporations                      |  |
|-------------------------|---|--|
| BE                      | ACHES OPEN MRI OF PBG LLC                             | <b>.</b>   |
| SUBJECT:                | Name of   | Limited Liability Company  |
| The enclosed Art        | ticles of Amendment and fee(s) are                    | submitted for tiling.  |
| Please return all       | correspondence concerning this ma                     | Her to the following:  |
|                         | Jessica Moody   |  |
|                         |   | Name of Person   |
|                         | Akumin Operating Cor                                  | p.   |
|                         |   | Firm/Company   |
|                         | 8300 W. Sunrise Blvd                                  |  |
|                         |   | Address  |
|                         | Plantation, FL 33322                                  |  |
|                         | ·   | City/State and Zip Code  |
|                         | jessica,moody@akumin.                                 |  |
| For further inform      | E-mail addres<br>nation concerning this matter, pleas | is (to be used for future annual report notification)  |
|                         | action concerning this matter, pieces                 |  |
| Nozomi Mueller          |   | 813 463-4443<br>at ()  |
|                         | Name of Person  | Atea Code Daytime Telephone Number   |
| Enclosed is a chec      | ck for the following amount:                          |  |
| <b>■ \$25.00</b> Filing | Fee ☐ \$30.00 Filing Fee & Certificate of Status      | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing A               | Address:<br>ation Section                             | Street Address:  |
| -                       | nion Section<br>1 of Corporations                     | Registration Section Division of Corporations  |
| P.O. Bo                 | x 6327  | The Centre of Tallahassee  |
| Tallahas                | ssee, FL 32314  | 2415 N. Monroe Street, Suite 810   |

Tallahassee, FL 32303

· To: 18506176383 From: 12147128131 Date: 02/01/24 Time: 9:43 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000044705 3)))

| BEACHES OPEN MRI OF PBG LLC   |   |                                |
|---|---|--------------------------------|
| (Name of the Limited Liability Comp.<br>(A Florida Limited  | any as it now appears on our record<br>Liability Company) | 5.)                            |
| The Articles of Organization for this Limited Liability Company Florida document number L01000015194              | were filed on 09/06/2001                                  | and assigned                   |
| This amendment is submitted to amend the following:   |   |                                |
| A. If amending name, enter the new name of the limited liab   | oility company here:                                      | <b>202</b><br>SE               |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC"                      | " or the abbreviation "L.trd." |
| Enter new principal offices address, if applicable:   | 8300 W. Sunrise Blvd                                      | A                              |
| (Principal office address MUST BE A STREET ADDRESS)   | Plantation, FL 33322                                      | SC TI                          |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              | 8300 W. Sunrise Blvd<br>Plantation, FL 33322              | 8: 52                          |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | nddress on our records, <u>enter t</u>                    | the name of the new registered |
| Name of New Registered Agent:   |   |                                |
| New Registered Office Address:  |   |                                |
|   | Enter Florida sireci address                              |                                |
|   | , Flo   |                                |
|   | 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.

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 12147128131 Date: 02/01/24 Time: 9:43 PM Page: 04/05

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 (((H24000044705 3)))

(((H24000044705.3)))

| <u>Title</u> | <u>Name</u>         | Address               | Type of Action     |
|--------------|---------------------|-----------------------|--------------------|
| MGRM         | GALLANT, DREW M.D.  | 6 Crane's Nest        | □Add               |
|              |                     | Stuart, FL 34996      | _                  |
|              |                     |                       | Change             |
| MGRM         | ZAYAS, HENRY M.D.   | 6 Crane's Nest        | □Add               |
|              |                     | Stuart, FL 34996      | ≘Remove            |
|              |                     |                       | □Change            |
| MGRM         | WALKER, ANDREW M.D. | 6 Crane's Nest        |                    |
|              |                     | Stuart, FL 34996      | <b>≡</b> Remove    |
|              |                     | <del></del>           | □Change            |
| MGRM         | SPEED, DARREN       | 8300 W. Sunrise Blvd. | <br>   <br>   <br> |
|              |                     | Plantation, FL 33322  | □Remove            |
|              |                     |                       |                    |
| MGR          | FIX, THOMAS M.D.    | 8300 W. Sunrise Blvd. | ■Add               |
|              |                     | Plantation, FL 33322  | □Remove            |
|              |                     |                       | □ Change           |
|              |                     |                       | DAdd               |
|              |                     |                       | □ Remove           |
|              |                     |                       | ☐ Change           |

. To: 18506176383 From: 12147128131 Date: 02/01/24 Time: 9:43 PM Page: 05/05

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| Iffective date, if other than the date of filing:  an effective date is listed, the date into the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occurrent's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ib). The 90th day after the is filed.  atted  August 4.30  August 4.30  August 4.30  August 4.30  August 4.30  August 4.30  August 5.30  August 6.30  August 6.30  August 7.30  Aug |  |   |                             |                              |               |
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| Signature of a member of authorized representative of a member   | ACC  | <i>(</i> )  |                             |                              |               |
| organities of a member of authorized representative of a member  |  | Jarley.   | Mill                        |                              |               |
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