

2/14/24, 12:33 PM

Division of Corporations

L03000003707

Florida Department of State
Division of Corporations
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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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IMAGING CENTER OF WEST PALM BEACH LLC**

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FEB 15 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IMAGING CENTER OF WEST PALM BEACH 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 01/27/2003 and assigned
Florida document number 1.03000003707

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 "Ltd."

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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>
CEO	RIADH ZINE	8300 W SUNRISE BLVD	<input type="checkbox"/> Add
		PLANTATION, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	THOMAS FIX	8300 W SUNRISE BLVD	<input type="checkbox"/> Add
		PLANTATION, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Darren Speed	8300 W SUNRISE BLVD	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	Minal Amin	8300 W SUNRISE BLVD	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 14th

2024

Signature of a member of authorized personnel

Signature of a member or authorized representative of a member

Darren Speed
Typed or printed name of signee