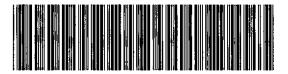


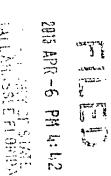
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OPEH DRI OF BOCA 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:
PATRICK LOPEZ Name of Person
OPEN DRI OF BOCA, LLC Firm/Company
880 MW 13 treet Address
Boca Raton, FL, 33486 City/State and Zip Code
PATRICK CE PRIORITY MRI, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Patrick LofeZ at (561) 843 8522 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: So So Filing Fee
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN MRI						
(<u>Name of the Limited Liabil</u> (A Florid	lity Company la Limited Liab	as it now appears on ility Company)	our records.)			
The Articles of Organization for this Limited Liability (Florida document number <u>L 03 000 14 09</u>		re filed on	3/08/8	2003 and	d assig	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liabilit	y company here:				
The new name must be distinguishable and end with the words "L	imited Liability	Company," the desi	gnation "LLC" o	or the abbreviat	ion "L.L	C."
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET ADD	RESS)					
	-					
				Ā.	(1) (1)	
Enter new mailing address, if applicable:	-					
(Mailing address MAY BE A POST OFFICE BOX)	-				<u> </u>	433mba r
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B. If amending the registered agent and/or regi		e address on ou	r records, <u>e</u>	nter the na	me. of	<u>the new</u>
registered agent and/or the new registered office add	<u>dress here</u> :			5,3	2.1.2	4 + 4
				' >	ro	
Name of New Registered Agent:						
New Registered Office Address:						
1.0.1 registered office radices.	··	Enter Florida	street address			
			. Florid	la		
		City	,	Zip C	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Name Address **Type of Action** 3175 canterbury D AMBR MARTINE LOPEZ BOCA RATON, FL, 33434 19929 LATOMA PLACE XAD THIERRY RAYNAL ANBR BOCA RATON FL, 33434 PRemove ☐ Remove 2015 APR - Add Remove □ Remove □ Add □ Remove

	
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Page 3 of 3

Filing Fee: \$25.00

