

U30000/4023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

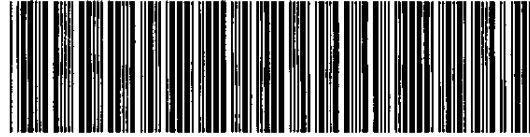
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
HALL COUNTY, OREGON

2015 APR 21 2015
12:12 PM
CLERK

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: OPEN MRI 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 MRI OF BOCA, LLC

Firm/Company

880 NW 13th Street

Address

Boca Raton, FL, 33486

City/State and Zip Code

PATRICK@PRIORITYMRI.COM

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

For further information concerning this matter, please call:

Patrick LOPEZ

Name of Person

at (561)

Area Code

843 8522

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

OPEN MRI OF BOCA, LLC.

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	MARTINE LOPEZ	3175 Canterbury D	<input type="checkbox"/> Add
		BOCA RATON, FL, 33434	<input checked="" type="checkbox"/> Remove
AMBR	THIERRY RAYNAL	19929 LATONA PLACE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL, 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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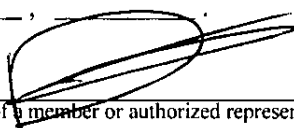
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CLERK OF COURT
JULIA M. S. FLORES

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/30/2015



Signature of a member or authorized representative of a member

Patricia LOPEZ

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA