

U03000029758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

U03-29758

(Document Number)

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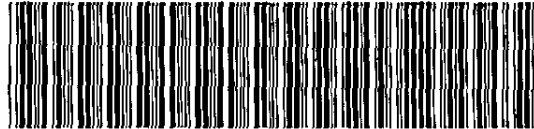
10/20

Amend &
name ch

EFFECTIVE DATE

11-1-05

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TALLAHASSEE FLORIDA

05 OCT 20 AM 10:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Landa Radiology, 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:

Michael Masterman
(Name of Person)

Landa Radiology, LLC
(Firm/Company)

601 N. Congress Ave, Suite 311
(Address)

Delray Beach, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Masterman at (561) 921-0922
(Name of Person) (Area Code & 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Landan Radiology, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 8/12/2003 and assigned document number L03000029758.

SECOND: This amendment is submitted to amend the following:

Article 1 - Name

The name of the limited liability company shall be changed from Landan Radiology, LLC, to MRI Associates of America, LLC.

(effective date 11/1/2005)

Article 2 - Address

The principle place of business shall be 601 N. Congress Ave., Suite 311, Delray Beach, Florida 33445 and the mailing address the
(effective 6/1/2004) same.

Dated October 18, 2005.

[Signature]

Signature of a member or authorized representative of a member

Michael Masterman

Typed or printed name of signee

[Signature]

Ronald La

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00