(shown below) on the top and bottom of all pages of the document.

(((H24000027410 3)))



H240000274103ABCU

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 : (844)386-0178 Phone

Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.

Ema	il	Add	ress	:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHES OPEN MRI OF TAMARAC, LLC

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

. To:.18506176383 From: 12147128131 Date: 01/20/24 Time: 0:17 AM Page: 02/05

COVER LETTER (((H24000027410 3)))

TO: Registration of Division of	n Section Corporations
	aches Open MRI of Tamarac. LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fec(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following.
	Darren Speed
	Name of Person
	Akumin Operating Corp.
	Finn/Company
	\$300 West Summise Blvd.
	Address
	Plantation, FL 33322
	City/State and Zip Code
,	nozomi.mueller@akumin.com
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
Nozomi Muell	at (813) 463-4443 te of Person Area Code Daytime Telephone Number
Nar	ie of Person Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To: 18506176383 From: 12147128131 Date: 01/20/24 Time: 0:17 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240000274103)))

Beaches Open MPI of Tamai	·			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number _L0400000876	y were filed on1/5/2004	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	8300 West Sunrise Blvd.			
	Plantation, FL 33322			
Enter new mailing address, if applicable:	8300 West Sunrise Blvd.			
Mailing address MAY BE A POST OFFICE BOX	Plantation, FL 33322			
,	Piditation, Eb 33322	- 		
		- 29 E		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	addr ess on our records, <u>enter the nar</u>	ne of the new registe		
Name of New Registered Agent:		S HQ		
New Registered Office Address:	Enter Florida street address	12: 37 STATE		
	, Florida	· 		
	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: 01/20/24 Time: 0:17 AM Page: 04/05

(((H24000027410 3)))

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

Title	Name	<u>Address</u>	Type of Action
MGR	Darren Speed	8300 West Sunrise Blvd,	DbA(Zi
		Plantation, FL 33322	☐ Remove
			[] Change
AMBR	Andrew T Walker MD	6 Crane's Nest	DbAC
		Stuart, FL 34996	⊠Remove
			Change
AMBR	Drew Gallant MD	13831 Baycliff Drive	□Add
	, , ,	North Palm Beach, FL 33408	⊠Remove
			[]Change
AMBR	Henry Zayas MD	1449 SE Riverside Drive	□Add
		Stuart, FL 34996	<u>K</u>]Remove
			Change
MGR	Thomas Fix MD	8300 W sunrise Blvd.	[8] Add
		Plantation, FL. 33322	
			©Remove
			Change
	-		🗆 Add
			□Remove

	To:. 18506176383	From: 12147128131	Date: 01/20/24	Time: 0:17 AM Page: 0	5/05
				(((H24000	027410 3)))
D. If am	ending any other info	rmation, enter change(s)	here: (Attach additional	sheets, if necessary.)	
	· · · · · · · · · · · · · · · · · · ·			,	
					
-					
					_
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E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filled.

Dated	Dec// 2023	
	Danen held	
-	Signature of a member or authorized representative of a member	
	Typed or panted name of signee	
_	Typed or panted name of signer	