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SECRETARY OF STATE SECRETARY OF CORPORATIONS ON OF CORPORATIONS

J. BRYAN

APR - 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co				
SUBJECT: Rocl	cledge MRI (Name of Lin	and PET Cente	r, LLC	
The enclosed Articles o	f Amendment and fee(s) are su	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	Wasi	m Niqzi (Name of Person)		
	Rockledge M	MRI and PET (	enter!	
	1910 Ro	ockledge Blud	#102	98 Sivie
	Rockledge	City/State and Zip Code)		SECRETARY OF STATIONS ON APR -7 AM 10: 30
For further information	concerning this matter, please	call:		FOR ATTOM
Wasim		at (321) 636-	8366	<b>-</b>
(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 I Certificate of Certified Cop (additional co	f Status &
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIE  Registration Section Division of Corporat		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rockledge MRI and PET Center, 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 Liabilit Florida document number <u>LOGOOOH9</u>	•	묫	
This amendment is submitted to amend the following	<u>;</u> :	OB APR -1	
A. If amending name, enter the new name of the l	limited liability company here:	AH 10: 3	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th	e designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our readdress here:	cords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
<del></del>	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	ent and agree to act in this capacity r and complete performance of my d agent as provided for in Chapter tered office address, I hereby confi	duties, and I am familiar with and 608, F.S. Or, if this document is	
	(If Changing Registered Agent, Sign	nature of New Registered Agent)	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> Address Type of Action Zaki Nigzi m Grm Willis Rd X Add Remove Razi Niazi MERM Willis X Add Remove Nacem Niazi MGRM Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 2008 Dated Signature of a member or authorized representative of a member NIQZI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00