1000080513(Requestor's Name) (Address) 100399757341 (Address) (City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 300066 / 7581639 AUTHORIZATION : Complete Cenar COST LIMIT : \$ 25.00

ORDER DATE : December 30, 2022

- ORDER TIME : 9:43 AM
- ORDER NO. : 300066-010

CUSTOMER NO: 7581639

DOMESTIC AMENDMENT FILING

NAME : SAN REMO BREAST AND M.R.I. CENTER, PLLC

EFFECTIVE DATE:

XX ___ ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ San Remo Breast and M.R.I. Center, PLLC 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:

Shelly Carter

Name of Person

Solis Mammography

Firm/Company

15601 Dallas Pkwy, Ste 300

Address

Addison, TX 75001

City/State and Zip Code

shelly.laruc@solismammo.com

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

For further information concerning this matter, please call;

 Shelly Carter
 at (469)
 398-4072

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

X \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLED

San Remo Breast and M.I	R.I. Center, PLLC		2023 JAN -3 AM 9:34
(<u>Name of the Limited</u>) (Å	L <mark>iability Company as it now ap</mark> Florida Limited Liability Compa	<u>pears on our records.</u>) ny)	SECRETARY, OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liabi	lity Company were filed on	September 1, 2006	and assigned
Florida document numberL06000086513			
This amendment is submitted to amend the followi	ng:		
A. If amending name, <u>enter the new name of th</u>	<u>e limited liability compan</u>	<u>y here</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," (he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e: 15601 Dalla	ns Pkwy Ste 300 Addis	son TX 75001
(Principal office address MUST BE A STREET a	(DDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>		allas Pkwy Ste 300 Ad	dison TX 75001
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ar records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Corporation Service Company		
New Registered Office Address:	1201 Hays Street		
	Enter		
	Tallahassee	, Floric	da <u>323201</u> Zip Code
New Registered Agent's Signature, if changing Reg			2 <i>ар хлян</i> е

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 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

AMBR - A	AMBR = Authorized Weinder					
<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>			
MGR	Anamary Quiros Mesa, M.D.	1545 San Remo Avenue	🗆 Adđ			
		Coral Gables, Florida 33146	SRemove			
			Change			
MGR	Elsy Carbot-Flores, M.D.	1545 San Remo Avenue	🗆 Add			
		Coral Gables, Florida 33146				
			Change			
AMBR	Chirag Parghi, M.D.	15601 Dallas Pkwy, Ste 300	凶Add			
		Addison, TX 75001	🖸 Remove			
			🗋 Change			
			⊡∧dd			
			🗆 Remove			
		_	□Change			
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			Remove			
			□ Change			

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

Article 4. Management - This will be a member-managed company rather than manager-managed.

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tive dute if etl	her than the date ed, the date must be s erted in this block of	e of filine:	December 2	1, 2022		(optional)	
uve date, n oti	ed, the date must be s	pecific and can	not be prior to o	late of filing or n	tore than 90 da	ys after filing.) I	ursuant to 605.0

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 filed.

Dated	December 21	2022	
		$\overline{\mathcal{O}}$	
		Signature of a monibur or authorized representative of a member	
		\mathcal{V}	
		Chirag Parghi, M.D.	
		Typed or printed name of signee	