

L 06000086513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

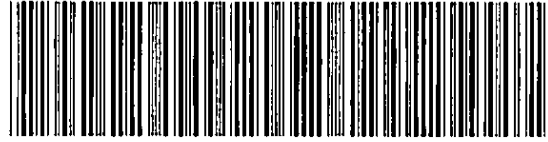
(Document Number)

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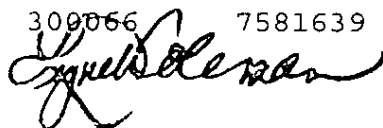
SECRETARY OF STATE
TALLAHASSEE, FL

30

2023 JAN -3 AM 11:53

g 1/4/2023

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

ACCOUNT NO. : I20000000195
REFERENCE : 300066 7581639
AUTHORIZATION : 
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

Name of Person

at (469)

Area Code

398-4072

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 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**

FILED

San Remo Breast and M.R.I. Center, PLLC

2023 JAN -3 AM 9: 34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on September 1, 2006 and assigned Florida document number L06000086513.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: 15601 Dallas Pkwy Ste 300 Addison TX 75001
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 15601 Dallas Pkwy Ste 300 Addison TX 75001
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street
Enter Florida street address

Tallahassee, Florida 323201
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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Anamary Quiros Mesa, M.D.</u>	<u>1545 San Remo Avenue</u>	<input type="checkbox"/> Add
		<u>Coral Gables, Florida 33146</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Elsy Carbot-Flores, M.D.</u>	<u>1545 San Remo Avenue</u>	<input type="checkbox"/> Add
		<u>Coral Gables, Florida 33146</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Chirag Parghi, M.D.</u>	<u>15601 Dallas Pkwy, Ste 300</u>	<input checked="" type="checkbox"/> Add
		<u>Addison, TX 75001</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

