L0700029500

	(Requestor's Name)
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PICK-UP	P WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

10000111101	ACCOUNT	NO.	:	I2000000195
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COST LIMIT :

REFERENCE : 300066

AUTHORIZATION :

7581639 /XnU[[]]) ena \$ 25.00

- ORDER DATE : December 30, 2022
- ORDER TIME : 9:42 AM
- ORDER NO. : 300066-005
- CUSTOMER NO: 7581639

DOMESTIC AMENDMENT FILING

NAME: RADIOLOGY ASSOCIATES OF SOUTH MIAMI, 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

Radiology Associates of South Miami, PLLC SUBJECT: ____ 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.larue@solismammo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 469 at (_____ Shelly Carter 398-4072 Area Code Name of Person Davtime Telephone Number Enclosed is a check for the following amount: ∑ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & 🗇 \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

FLED

2023 JAN - 3 AM 9: 40 Radiology Associates of South Miami, PLLC SECKE MARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on _____ March 16, 2007 _ and assigned L07000029506 Florida document number _ 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." 15601 Dallas Pkwy Ste 300 Addison TX 75001 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 15601 Dallas Pkwy Ste 300 Addison TX 75001 Enter new mailing address, if applicable: (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 C	lompany
New Registered Office Address:	1201 Hays Street	
<u>, w. 1. p </u>	Enter h	Florida street address
	Tallahassee	, Florida
	Сіџ	Zip Corle

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>	Name	Address	Type of Action
MGR	Anamary Quiros Mesa, M.D.	1545 San Remo Avenue	🗋 Add
		Coral Gables, Florida 33146	🕅 Remove
			Change
MGR	Elsy Carbot-Flores, M.D.	1545 San Remo Avenue	🗌 Add
		Coral Gables, Florida 33146	NRemove
			🗍 Change
AMBR	Chirag Parghi, M.D.	15601 Dallas Pkwy, Ste 300	凶Add
		Addison, TX 75001	🗆 Remove
			Change
			🗆 Add
			🖸 Remove
			🗍 Change
			🗆 Add
		<u> </u>	🛛 Remove
			🗆 Change
	·		🗆 Add
		<u></u>	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.

	D 1 21 2022	
ctive date, if other than the date of filing: _ effective date is listed, the date must be specific and can	December 21, 2022	(optional)

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	
_			
			<u> </u>
		Signature of a normber or authorized representative of a member	
		Chirag Parghi, M.D.	
		Typed or printed name of signee	