## LD700043223

(Requ	iestor's Name)		
(Addr	ess)		
(Addre	PSS)		
(, taut	555,		
(City/s	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busir	ness Entity Nar	ne)	
(		<b>,</b>	
(D)	101 1 2		
(Docu	ment Number)		
Certified Copies	Certified Copies Certificates of Status		
		•	
Special Instructions to Fil	ing Officer		
Opecial instructions to 1 ii	mg Omcer.		

Office Use Only



200102928682

05/21/07--01075--006 \*\*55.00

DIVISION OF CORPORATIONS

## COVER LETTER

00/===	
TO: Registration Section Division of Corporations	
SUBJECT: Millennium Radiology, LIC (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Roberta D. Kahana (Name of Person)	
Millennium Radiology, LLC (Firm/Company)	DIVISIO
410 w 45 street	JUN -5
(Address)  Miami Beach, FL 33140  (City/State and Zip Code)	FOF STATIONS CORPORATIONS
For further information concerning this matter, please call:	O.
Roberta D. Kahana at (305) 7.13-1403 (Name of Person) (Area Code & Daytime 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 & Certificate of Status & Certified Copy (additional copy is enclosed)	ed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building;
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~ <del>~</del>	Millennium Radiology, IIC	
	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on April 23, 2007 and assigned document number 107000043223	
SECOND:	This amendment is submitted to amend the following:	
	1. Mailing Address:	
	410 W 45th Street, Highi Bch FL 33140	07 07
	2. Registered Agent NAME & Address:	SIGH OF CO
	Roberta D. Kahana	AH I
	410 w 45th street, Miami Bch, FL 33140	O7 JUN-5 AM 11: 07
		- 7
	3. Under Manager / Member Detail For Kahana	
	Baruch, Should Read: In all places!	
	Kahana, Baruch E. H.O (Same addres	5)
Dated	may 18 , 2007.	
	Signature of a member or authorized representative of a member	
	Roberta D. Kahana Typed or printed name of signee	

Filing Fee: \$25.00

## MIAMI BEACH, FL 33140

To Whom it May Concern,

May 30,2007

I, Roberta D Kahana do hereby state that I am familiar with and accept the duties and responsibilities as registered agent for

Millennium Radiology LLC. Located at 7360 Coral Way, Suite 27A, Miami Florida 33155

My office # is 305-261-6744 or my cell phone # is 305-773-1403. Please feel free to call me if you have any questions.

Very truly yours,

Roberta D. Kahana