L07000049591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only

600108462716

09/04/07--01042--013 **60.00

FILED
07 SEP -4 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MANDARIN DIAGNOSTIC IMAGING CENTER
(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:

KEVIN CARROLL
(Name of Person)

SAN JOSE IMAGING CENTER
(Firm/Company)

13199 SAMOSET CT.
(Address)

WELLINGTON, FL. 33414
(City/State and Zip Code)

FILED
07 SEP -4 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KEVIN CARROLL at (561) 371-4521
(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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MANDARIN DIAGNOSTIC IMAGING CENTER

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 6-27-07 and assigned document number L07000049591.

SECOND: This amendment is submitted to amend the following:

CHANGE NAME of COMPANY FROM:

MANDARIN DIAGNOSTIC IMAGING CENTER L.L.C.

TO: SAN JOSE IMAGING CENTER L.L.C.

FILED
07 SEP -4 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 8/30/07.

Signature of a member or authorized representative of a member

KEVIN CARROLL

Typed or printed name of signee

Filing Fee: $25.00