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SECHETARY OF CHARACTERS

OIVISION OF CERPHRATIONS

OCT 17 2012

T. HAMPTON

## **COVER LETTER**

TO: Registration S Division of Co			· .	
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SUBJECT:		MRI OF MIAMI, L.L	<u>.C</u>	
	Name of Lin	nited Liability Company	:	
			; ;	
	:. - : - : - : - : - : - : - : - : - : - :		:	
The enclosed Articles of	f Amendment and fee(s) are si	ubmitted for filing.	:	
Please return all corresp	ondence concerning this matte	er to the following:		
	· :.		•	
	: <i>•</i>	Royd Lemus		
		Name of Person		
	· :			
	P.E.T	C.T. & MRI of MIAMI,	LLC	
	:	Firm/Company		
	÷			
	12905	5 SW 42nd Street Suite	106	
	. •	Address	,	
		0.1.0 EL 6010 1 00/00		
		MAMI, FLORIDA 33175	)	
	:	City/State and Zip Code		
	ROYDLE	EMUS@PETCTOFMIAN (to be used for future annual repo	/II.COM	
·	n-man address.	(to be used for future annual repo	rt nourieadon)	
For further information	concerning this matter, please	call:		
_	·			
	OYD LEMUS	at (_305 <sub>)</sub>	229-2020	
Name (	of Person	Area Code & I	Daytime Telephone Number	
	••		<b>:</b>	
Enclosed is a check for t	he following amount:		<b>:</b> :	
	<u></u>	F-Bass on Dill - Day o		
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	S60:00 Filing Fee, Certificate of Sta	tus &
	:	(additional copy is en	closed) Certified Copy	
	•		(additional copy	is enclosed)
	, *			
	;		•	
	ING ADDRESS:		OURIER ADDRESS:	
	ration Section	Registration		
	on of Corporations lox 6327°.	Division of C Clifton Build	Corporations  ling	
	assee, FL 32314		ive Center Circle	

Tallahassee, FL 32301



## RECEIVED

12 OCT 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2012

ROYD LEMUS 12905 SW 42ND ST STE 106 MIAMI, FL 33175

SUBJECT: P.E.T.-C.T. & M.R.I OF MIAMI, L.L.C.

Ref. Number: L07000088113

We have received your document for P.E.T.-C.T. & M.R.I OF MIAMI, L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00025387

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECKE IA	EE RY CO	u Of S Prin	141 143	i ions
12 OCT 1	6	Mq	L <sub>t</sub> :	17

P.L.	TC.T. & MRI of MIAMI, L	rs on our records )	
(Name of the Infines	d Liability Company as it now appea A Florida Limited Liability Company)	i :	
		00/00/0007	
The Articles of Organization for this Limited L	• • •	08/28/2007	and assigned
Florida document numberL0700008	<u>8113                                   </u>		
			•
This amendment is submitted to amend the following	lowing:	:	
This unclaiment to shortched to unione the 10th	towng.	· :	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
:	N/A	:	
The new name must be distinguishable and end wi	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applie	cable: N/A	·	
(Principal office address MUST BE A STREE		<del>- ,= </del>	
12-megan office maness most bismorphism	TADDAIS.KI		
:			
7			
Enter new mailing address, it applicable:	<u>N/A</u>	·	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
:		:	
B. If amending the registered agent and/	or registered office address on	our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered o	<u>ffice address here</u> :	:	
. <del>.</del> 			
Name of New Registered Agent:	Royd Lemus		
	12005 SW 42nd Stroot S	ito 106	
New Registered Office Address:	12905 SW 42nd Street, Suite 106  Enter Florida street address		2200
· · · · · ·			
÷	Miami	, Florida	
:	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 608, 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.

of Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member	;	
<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	Osvaldo Vento Sr.	12905 SW 42nd Street Suite 106 Miami, Florida 33175	Add ✓ Remove
PRES	Royd Lemus	12905 SW 42nd Street Suite 106 Miami, Florida 33175	Add Remove
THE THE RESIDENCE SEASON SEASO	<u> </u>		Add Remove
	<u> </u>		Add Remove
<del></del>	<u> </u>	: : :	Add Remove
			Add Remove
D. If amen	ling any other information,	enter change(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF SECRETARY OF SECRETARY OF CUPPUR  12 OCT 16 PM L
Dated	October 11	<u>, 2012</u>	STATE STATE OF STATE
	Signature	of a member or authorized representative of a member.	
		Royd Lemus Typed or printed name of signee	
	*:		

Page 2 of 2

Filing Fee: \$25.00