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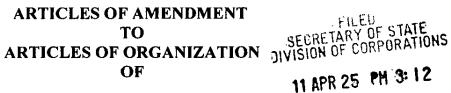
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kendall Open MRI, LLC 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:
Ernie Hernandez Name of Person
Kendall Open MRI, LLC
9280 Sunset Drive, S#101
Miami, FL 33173 City/State and Zip Code
ernie a-top IVI builders. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ernie Hernandez at (186 546-5006 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\ \text{Certified Copy} \text{(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



1/ 1	11 pt 11 = -
Kendall Open	MRI, LLC
(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)
	•
The Articles of Organization for this Limited Liability Florida document number LO80006248	Company were filed on June 25, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	mited liability company here:
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. 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.

If 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 = Manager

MGRM = Managing Member

<u>Title</u> <u>Address</u> **Type of Action** Name 1 Ernie Hernandez Kent Seitz ☐ Add Remove 9280 Sunset Drive **≯**Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

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Filing Fee: \$25.00