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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email 1	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHES MRI OF PSL, LLC

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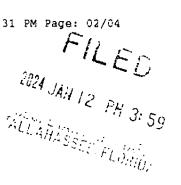
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To: 16506176383 From: 14693173436 Date: 01/12/24 Time: 6:31 PM Page: 02/04

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Beaches MRI of PSL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_ and assigned Florida document number 113000138607 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 8300 West Sunrise Blvd. Plantation, FL 33322 Enter new mailing address, if applicable: 8300 West Sunrise Blvd. (Mailing address MAY BE A POST OFFICE BOX) Plantation, FL 33322 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: New Registered Office Address: Enter Florida street address , Florida \_

## 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

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<u>Title</u>	Name	Address	Type of Action
MGR	Darren Speed	8300 West Sunrise Blvd,	<b>&amp;</b> Add
		Plantation, FL 33322	□Remove
			☐ Change
AMBR	Andrew T Walker MD	6 Crane's Nest	□ Add
		Stuart, FL 34996	⊠Remove
			☐ Change
AMBR	Drew Gallant MD	13831 Baycliff Drive	□Add
, ,	,	North Palm Beach, FL 33408	☑ Remove
			Change
AMBR	Henry Zayas MD	1449 SE Riverside Drive	TO THE TOTAL
		Stuart, FL 34996	KiRemover
			Change S
Owner/MGR	Thomas Fix MD	8300 W sunrise Blvd.	Madd €
		Plantation, FL. 33322	□Remove
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ecord spe is filed.	ecifies a delayed effectiv	e date, but not an	effective time, a	12:01 a.m. on the	carlier of: (b) T	he 90th day after	the
	Dec,	//	2023	•			

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