L14000034966

, (Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section **Division of Corporations**

PRIORITY

RADIOLOGY

The enclosed Articles of Amendment and fee(s) are submitted for filing.

. Please return all correspondence concerning this matter to the following:

PATRICK LOPEZ
Name of Person

PRIORITY RADIOLOGY

3175 CANTER BURY

BOCA RATON FL 33434

City/State and Zip Code

PATRICK & PRIORITY MRI. COM

II-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (561) 843 85 2 4 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) ٠,‡

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

PRIORITY RADIOLOGY
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>03/03/2017</u> and assigned Florida document number <u>L 14000034966</u>
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) # 307 WEST PALN BEACH, FL 33407
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5601 CORPORATE WAY #307 WEST PALM BEACH, FL, 33407
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: 19929 LATOMA PLACE BOCA RATOM, FL Enter Florida street address BOCA RATOM Florida 33434 City Zip Code Total
New Registered Agent's Signature, if changing Registered Agent:
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 filled 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = N $AMBR = A$	ianager Authorized Member					
<u>Title</u>	<u>Name</u>		Address	Type of Action	1	
<u>M6R</u>	THIERRY	RAYHAL	19989 LATOMA	PLACE (Add)		
			BOCA RATON F	L, 33434 Remove		
				Change		
NGR	PHILIPPE	ROUX	3860 QUEENS	WAY Add		
			BOCA RATOH, FL	33434 (Remove)		
٠				Change		
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				Add	15 HOV 20 AM 9: 57	AMERICA SAFETE
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fective date, if other than the date of filing:	605 0207 (3)(b) listed as the	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea The 90th day after the record is filed.	rlier of:	
nted 11 /01 / 9215.		
Signature of a member or authorized unresentative of a member	,	
Signature of a member of authorized topresentative of a member		

Page 3 of 3

Filing Fee: \$25.00