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COVER LETTER

Division of Cor	porations		
CHDIECT.	COLAK I	RADIOLOGY, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kaya Colak, M.D.		
		Name of Person	
	Colak Radiology, LLC		
•		Firm/Company	
	6621 NE 21st Ave.		
		Address	
	Fort Lauderdale, FL 3330	8	
•		City/State and Zip Code	
	kayacolak@yahoo.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Kaya Colak, M.D.		954 439-8439 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

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**

C	OLAK RADIOLOGY, LLC
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
he Articles of Organization for this Limited Lial lorida document number L17000009831	bility Company were filed on 01/12/2017 and assigned
nis amendment is submitted to amend the follow	•
. If amending name, enter the new name of t	he limited liability company here:
ne new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applical	ble:
Principal office address MUST BE A STREET	(ADDRESS)
Principal office address MUST BE A STREET	(ADDRESS)
	ADDRESS)
Inter new mailing address, if applicable:	
Inter new mailing address, if applicable:	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> 3. If amending the registered agent and/o	ox) r registered office address on our records, enter the name of the
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> . If amending the registered agent and/o	ox) r registered office address on our records, enter the name of the
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> . If amending the registered agent and/or the new registered offi	r registered office address on our records, enter the name of the ce address here:
egistered agent and/or the new registered offi Name of New Registered Agent:	ox) r registered office address on our records, enter the name of the

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KAYA COLAK	6621 NE 21ST AVE	
		FORT LAUDERDALE, FL 33308	□ Remove
			■ Change
AMBR	ELENIS HAYES COLAK	6621 NE 21ST AVE	Add
		FORT LAUDERDALE, FL 33308	Remove
			☐ Change
			□ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
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			☐ Change
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			The Dremov
			ORIDA Ghange

Effective date, if other than the date of filing:	ll not be listed a
	ursuant to 605 020
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