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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

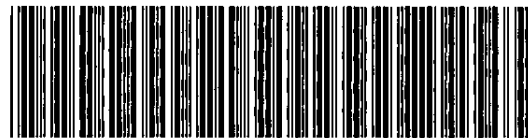
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLAK RADIOLOGY, 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:

Kaya Colak, M.D.

Name of Person

Colak Radiology, LLC

Firm/Company

6621 NE 21st Ave.

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

kayacolak@yahoo.com

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

For further information concerning this matter, please call:

Kaya Colak, M.D.

954 439-8439

Name of Person

at ()

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)

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

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JUN 19 1964
U.S. DEPT. OF JUSTICE
NEW YORK
P 3:56
OFFICE OF THE ATTORNEY GENERAL
STATE OF FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KAYA COLAK	6621 NE 21ST AVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ELENIS HAYES COLAK	6621 NE 21ST AVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

KAYA COLAK

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DELETED