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DIVISION OF CORPCEVIOUS

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COVER LETTER

TO: Registration Section Division of Corpor	n ations •		
SUBJECT:	Tropical W Name of Lim	Uging Centers, LLC.	
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Tropical 8320 W. E Plantation	Name of Person Imaging Centers Firm Company Survise Blvd. Suit Address 1. FL. 33322 City/State and Zip Code Tropicalmri. com o be used for future annual report notifi	
For further information concer	ſ		ication)
Λ		at (57e1) 441-	G384 Telephone Number
Enclosed is a check for the fol	lowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	· · · · · · · · · · · · · · · · · · ·				
The Articles of Organization for this Limited Liability Company Florida document number <u>L170000</u> % 5 93	ny as it now appears on our records.) Jability Company) were filed on 4/18/2017 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	8320 W. Sunrise Blvd				
(Principal office address MUST BE A STREET ADDRESS)	Ste#109				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Plantation, FL: 33322 Same as above both principal and Mailing address's are same				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new				
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 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

MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	257/198 Ontario Inc.		— Add
1		8310 W. Sunrise Blvd Suite 109 Plantation FL. 33322	Remove
lc0	D	10380 Sandy Hill Way	Change
1 <u>4</u> 8	Kenee Foltz	6380 Sandy Hill Way Lake Worth, FL. 33463	X Add
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			Change
			
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effective date: If the date in	e, if other than the is listed, the dat late inserted in the fective date on the Decifies a delated	e must be spec nis block doe he Departme	ific and cas s not mee nt of State	nnot be prio t the appli e's record	or to date of ficable statuts.	ory filing r	than 90 day: equirement	s, this date v	will not be lis	sted a
he 90th	day after the	record is	filed.				J, G. 12.	or a.iii, (n the earl	ner C
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Filing Fee: \$25.00