Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000400322 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

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.\*\*

Address:	<u></u>
	Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSE RADIOLOGY CENTERS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

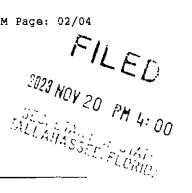
K. SALY

NOV 2 1 2023

To: 18506176383 From: 14693173436 Date: 11/20/23 Time: 6:26 PM Page: 02/04

(((H23000400322 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROSE RADIOLOGY CENTERS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Plotica Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/29/2018	and assigned
Florida document number L18000207432		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	•	•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	atturess on our records, <u>e</u>	inter the name of the new registers
New Registered Office Address:		
	Enter Florida street o	ddress
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete ecept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my dutic provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is
If Char	iging Registered Agent, Signal	ture of New Registered Agent

To: 18506176383 From: 14693173436 Date: 11/20/23 Time: 6:26 PM Page: 03/04

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

(((H23000400322 3)))

MGR = Manager AMBR = Authorized Member

Title	Name		Address	Type of Action
Executive Vice President	ROHIT NAVANI		8300 W SUNRISE BLVD	DAdd
			PLANTATION, FL 33322	≣Remove
				□Change
Senior Vice President	Laura Kassa		8300 W SUNRISE BLVD	DAdd
			PLANTATION, FL 33322	■Remove
				□Change
Senior VP, CEO	Raidh Zinc	<del></del>	8300 W SUNRISE BLVD	<b>=</b> Add
, ,	,	,	PLANTATION, FL 33322	Remove
				□Change
				DAdd ALLAHAS
				Change D
				□Remove
				□Change
				□Add
///LI	23000400322 3)))			□Remove
((()	23000400322 3);;			□Change

	(((H23000400322 3)))
). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	TALL AND 20
(If an el	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	November 14th 2023
	Signature of a member of authorized representative of a member
	DAMARA CADOCA
	Typed or printed printe of signee

(((H23000400322 3)))

· то: 18506176383 From: 14693173436 Date: 11/20/23 Time: 6:26 PM Page: 04/04