Division of Corporations

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(((H21000063583 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200

Fax Number

: (727)443-5829

**Enter the email address for this business entity to be used for future = annual report mailings. Enter only one email address please.

Email	Address:	 	 _
Enlott	MUDI C33	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCED MRI HOLDINGS, LLC

Certificate of Status	0
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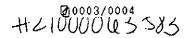


ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED MRI HOLDINGS, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L20000140396</u>	filed on 05/22/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviotion "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2021
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SO PH
	$m \omega$
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido 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 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
MGR	SAM FARBSTEIN	4205 WEST ATLANTIC AVE	= Add
		BLDG D	□Remove
		DELRAY BEACH, FL 33445	□Change
MGR	DERECS HOLDINGS, LLC	4205 WEST ATLANTIC AVE.	
		BLDG D	≅Remove
		DELRAY BEACH, FL 33445	Change
MGR	EVEN CHEN HOLDINGS, LLC	8130 GLADES RD	
		287	BRcmovc
		BOCA RATON, FL 33434	200 □ Change
			FEBANG T
			SS PRemove
			The Edithange
			DAdd
			□Removc
			Change
			Remove
			Change