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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	istration Sec ision of Corp				
SUBJECT:	Pcb Radiolo	gy LLC	·		
JOBALLET.		Name of Lim	nited Liability Company		
		Amendment and fee(s) are sub	·		
Please return	all correspor	ndence concerning this matter	to the following:		
		Luboslav Woroch			
			Name of Person		•
		Pcb Radiology LLC			
			Firm/Company		
		21521 Marlin Ave			
			Address		,
		Panama City BEach, FL 33	2413		_
		lubyworoch@gmail.com	City/State and Zip Code		
			to be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please c	all:		20
Luboslav Wo	oroch		914 420-4474 at ()		2021 JUH -
	Name of	Person		Telephone Number	JUH -1 F
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	îling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peb Radiology LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on May 05, 2021 Florida document number L21000209214	a	ınd assigı	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbreviat	tion "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 address on our records, enter the r	name of t	he new r	egistere
agent and/or the new registered office address here:		ز 2021	5 =}
Name of New Registered Agent:		<u> </u>	· .
New Registered Office Address:	Г.	1	- 43
Enter Florida street address			- j
. Florida	·	က်	الموري
City	Zip	CoTe	

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

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	Luboslav Woroch	21521 Marlin Ave	
		Panama City Beach, FL 32413	□Remove
			≡ Change
			□Add
			□Remove
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