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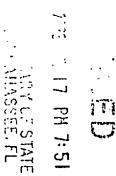
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R. HUNT 07/17/23

COVER LETTER

10:	Registration Se- Division of Cor			**			
SUBJE	. •г Ст.	Magnetic	Resolutions, LLC				
SUBJE	C.1.		ited Liability Company		···		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
			Paolo Tonzini				
			Name of Person				
			lagnetic Resolutic	ons	<u>.</u>	, , ,	
			Firm/Company		•	• ;	
		4	674 SW GALAXIE	ST			
			Address		338V 305	7 P	1
		PO	RT ST LUCIE, FL 3	34953	 ເມດ ເມດ	PH 7:52	(,,,,
			City/State and Zip Code		ATE	52	
		E-mail address: (lotonzini1982@g	report notification)	<u></u>		
For furt	her information co	oncerning this matter, please ca	all:				
Pac	olo Tonzini		at (772)	240-8048			
	Name of	Person	Area Code	Daytime Keleph	one Number		
Enclose	d is a check for th	e following amount:					
☑ \$25	0.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Kiling Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is c	atus &	
	Mailing Address Registration S		<u>Street Ac</u> Registrs	Idress:			
	Division of Co	orporations	Divisio	n of Corporation			
	P.O. Box 632 Tallahassee, F			ntre of Tallaha: Monroe Stree			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnetic Resolutions, L	LC
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed or Florida document numberL23000142446	3/21/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
Treasure Coast Imaging, LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	~
	: 3
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SSC -p 1.1
The state of the s	Es J
	5 5 2
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	• • • •
Name of New Registered Agent:	
New Registered Office Address:	
	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 the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. I have company has been notified in writing of this change.	e of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is

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
MGR	Paolo Tonzini	4674 SW GALAXIE ST PORT ST LUCIE, FL 34953	□Add
			Remove
			☑ Change
MGR	Kristine Villanueva	4674 SW GALAXIE ST PORT ST LUCIE, R. 34953	⊠∧dd
			🗆 Remove
			□ Change
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ecord specifies a d is filed.	lelayed effe	ctive date, l	but not a	an effec	ctive tim	e, at 12	:01 a.m	. on the	earlier o	f: (b)	The 90	Oth day	' after 1
		July 7t	<u>h</u> ,	_20)23	<u>.</u> ·							
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Filing Fee: \$25.00