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Certified Copies	Codification	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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2021 SEP 13 PH 2: 25 SECRETARY SESTATE

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
_{SUBJECT:} (o∩c	ierge Breast	Imaging and ited Liability Company	Rudiology LLC
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Α	1.	
	Abid	Ulhaque Name of Person	
	Concierge 1	3 ratt thusing a	nd Rudiology LLC
		Firm/Company	7 0
	2021 N Leman	Blud #7312 Forming	SECRETARY OF STATE
		Address	
	T140 - 1	C1 27 -	
	- Tompa 1	City/State and Zin Code	
	CANCILISE LIVES	+ inuicina P GMail. L	55 2: 2 55 7: 2
	E-mail address. (to be used for future annual report notel	fication)
For further information e	oncerning this matter, please c		
N) (11)	a fa mus a	480 285	2497
Name o	f Person	at (480) 285 Area Code Daytime	e Telephone Number
Enclosed is a check for th	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			radditional copy is enclosed)
Mailing Addres	s <u>s:</u>	Street Address:	
Registration S		Registration Sec	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

concierge Brea				
(<u>Name of the Limit</u>	ed Liability Company (A Florida Limited Li	v as it now a ability Comp	oppears on our records.) cany)	
The Articles of Organization for this Limited Li Florida document number <u>L</u> 24000 2 4.	ability Company w	vere filed (on 05/24/202	1 and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the <u>limited liabil</u> i	ity compa	ny here:	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company,	"the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office ac	ddress on	our records, <u>enter th</u>	SECRETATION PM 2: Progressere
agent and/of the new registered office address	ss ucre.			•••
Name of New Registered Agent:				
New Registered Office Address:		Ent	er Florida street address	
	<u></u>		Flori	
		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

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 Address LemmT blvd # 7312	Type of Action		
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	r the
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00