L24000307608

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COVER LETTER

	istration Section ision of Corporations		
SUBJEC	Landmark Radiology Consulting Services PLLC		
., O B., E.C.	Name of Limited Liability Company		
The enclo	Articles of Amendment and fee(s) are submitted for filing.		
Please ret	all correspondence concerning this matter to the following:		
	GEETIKA KLEVOS Name of Person		
	Firm/Company		
	2319 SWANSON AVE		
	MIAMI FL-33133 City/State and Zip Code geetikaklevos a gmail-com E-mail address: (to be used for future annual report notification)	202 SEC T	
	E-mail address: (to be used for future annual report notification)	MÂUG ORETL ALLA	٠
For furthe	formation concerning this matter, please call:	2024 AUG 26 PH 12: 30 SECRETZAR OF STATI TALLAHASSEE, FL	1
	Nikki Klevos at (626) 354-0520 Area Code Daytime Telephone Number	2: 30 STATE . FI	٠. ه
Enclosed	check for the following amount:		
⊠ \$25.0	iling Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	Status & oy	
<u>.</u>	ling Address: Street Address:		

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

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

Landmark Radiology Consulting Services PLLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 07/10/24	and assigned
Florida document number L24000307608		
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	·n
		1024 AUG SECRET TALLA
		RE AUG
Enter new mailing address, if applicable:		7AR AHI
(Mailing address MAY BE A POST OFFICE BOX)		NSS PP
<u></u>		Ms R
		FL 30
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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	Type of Action
MGR	GEETIKA KLEVOS	3109 GRAND AVE # 615	Z Add
		MIAMI, FL - 33133	□Remove
			□Change
			□Remove
	·		24 AUG 265 24 AUG 265 26 CORETARIO
			2024 AUG 268 PH 12930 SEORLTARN OF STATE TAILLAHASSEE, FL
		.	□Remove
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	d in this block does not te on the Department of		le statutory filing r	requirements, this o	date will not be	listed a
	ed effective date, but no	ot an effective time	e. at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
s filed.						
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s tiled.	2024 Signature of a		· · ·	a mambae		_