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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 04 2016

**DONALD S. GOLDRICH, P.A.  
ATTORNEY AT LAW  
P. O. BOX 970735  
COCONUT CREEK, FLORIDA 33097  
(954) 428-2960  
FAX: (954) 426-3226**

**September 27, 2016**

**Department of State  
Corporate Records/  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

**Re: Amendment of Articles of FAYE MEDICAL IMAGING, LLC**

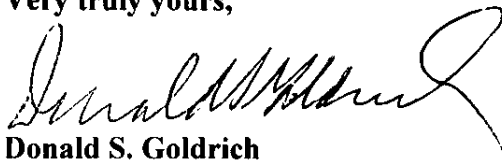
**Dear Secretary of State:**

**Enclosed find one original and a copy of the Articles of Amendment of my client FAYE MEDICAL IMAGING, LLC**

**Also find enclosed a check payable to the Secretary of State in the amount of \$25.00 which represents the statutory filing fee.**

**Your assistance is appreciated.**

**Very truly yours,**



**Donald S. Goldrich**

**Enclosures**

**FILED  
16 OCT -3 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
FAYE MEDICAL IMAGING, LLC**

Pursuant to the provisions of Section 608.411, Florida Statutes, this Limited Liability Company adopts the following Articles of Amendment to its Articles of Organization:

**NAME**

The name of the Limited Liability Company is FAYE MEDICAL IMAGING, LLC.

**DATE OF ORGANIZATION**

The company was organized on May 19, 1999 and the name was changed on June 5, 2008.

The following amendments are adopted:

**Article Number 1- NAME & PRINCIPAL OFFICE ADDRESS**

The name is changed to WEST COLONIAL URGENT CARE & MRI, LLC

The mailing address is hereby changed to: 4220 West Colonial Drive, #3, Orlando, Florida 32808

**Article 5-MANAGER**

The name of the manager is changed to Kettia Cadet Cherenfant.

The date of each amendment's adoption is September 27, 2016.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment, this 27 day of September, 2016

  
\_\_\_\_\_  
KETTIA CADET CHERENFANT, Manager

STATE OF FLORIDA  
COUNTY OF ORANGE

SS.

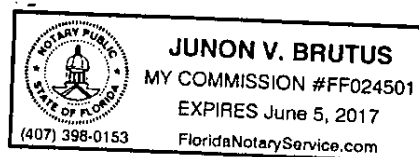
September , 2016

Then personally appeared KETTIA CADET CHERENFANT, known to be the person described in and who executed the foregoing instrument and acknowledged before me that she executed the same, and who is personally known to me or produced her Driver's license.

  
\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:

*June 5, 2017*



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16 OCT -3 PM 2:03  
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TALLAHASSEE, FLORIDA