To: 18506176383 From: 12147128131 Date: 02/01/24 Time: 9:52 PM Page: 01/05

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H240000447273ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

: (214)317-4754 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

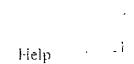
Email	Address:							



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHES OPEN MRI, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

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TO: Registration S Division of Co			¥			
BEACHE	S OPEN MRI, L.L.C.			•		
SUBJECT:	Name of Lin	nited Liability Company	,			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Jessica Moody					
		Name of Person				
	Akumin Operating Corp.					
		Firm/Company		 		
	8300 W. Sunrise Blvd					
		Address				
	Plantation, FL 33322	•				
		City/State and Zip Code		· ·		
	jessica.moody@akumin.com	m to be used for future annual re	7.5			
or further information c	oncerning this matter, please c		рон полнежов)			
lozomi Mueller			4443			
Name o	f Person	at ()	Daytime Telepho	one Number		
nclosed is a check for th	ne following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is cuelo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		<u>Street Add</u> Registrat				
Division of C		Registration Section Division of Corporations				
P.O. Box 632	7	The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

* To: 18506176383 From: 12147128131 Date: 02/01/24 Time: 9:52 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	4- \
pany as it now appears on our recor I Liability Company)	<u>as.</u>)
y were filed on 06/16/1999	and assigned
bility company here:	
oility Company," the designation "LLC	C" or the abbreviation "L.L.C."
8300 W. Sunrise Blvd	2021 SE
Plantation, FL 33322	25 77
	23.1
8300 W. Sunrise Blvd	ASSEE STATE
Plantation, FL 35322	9:
address on our records, enter	the name of the new register
address on our records, enter	the name of the new register
address on our records, enter	the name of the new register
address on our records, enter	
Enter Florida sweet addres	.n.
Enter Florida sweet addres	
Enter Florida street addres	orida
	bility company here: bility Company," the designation "LLG 8300 W. Sunrise Blvd Plantation, FL 33322

To: 18506176383 From: 12147128131 Date: 02/01/24 Time: 9:52 PM Page: 04/05

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GALLANT, DREW M.D.	6 Crane's Nest	
		Stumt, FL 34996	■Remove
			□Change
MGRM	ZAYAS, HENRY M.D.	6 Crane's Nest	□Add
		Stuart, Fl. 34996	国Remove
			□ Change
MGRM	WALKER, ANDREW M.D.	6 Crane's Nest	∐Add
		Stuart, FL 34996	≣Remove
			⊡Change
MGRM	SPEED, DARREN	8300 W. Sunrise Blvd.	≅ Add
MGR		Plantation, FL 33322	□Remove
			□Change
	FIX, THOMAS M.D.	8300 W. Sunrise Blvd.	≅ Add
		Plantation, FL 33322	□Remove
			☐ Change
			□Add
			□Remove
			□Change

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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be pridock clocs not meet the appl	or to date of filing or mo icable statutory filing		ig.) Pursuant to 605,0207 (3
he record specifies a delayed effectivord is filed.	e date, but not an effective	time, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
Dated 1/30	Danen_			
	X //11/1///	11 1 1 1 1 1		
	Signature of a member or aug	MUS conzed representative o	f a member	

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