

L 99000003501

Florida Department of State
Division of Corporations
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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
Fax Number : (214)317-4754

FILED
2024 FEB -1 AM 8:45
SEALING UNIT
TALLAHASSEE, FL

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

Email Address: _____

RECEIVED
2024 FEB -1 PM 4:50
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: BEACHES OPEN MRI, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nozomi Mueller

813 463-4443

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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BEACHES OPEN MRI, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/16/1999 and assigned
Florida document number 199000003501.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8300 W. Sunrise Blvd

Plantation, FL 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8300 W. Sunrise Blvd

Plantation, FL 33322

FILED
2024 FEB - 1 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GALLANT, DREW M.D.	6 Crane's Nest	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ZAYAS, HENRY M.D.	6 Crane's Nest	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WALKER, ANDREW M.D.	6 Crane's Nest	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SPEED, DARREN	8300 W. Sunrise Blvd.	<input checked="" type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FIX, THOMAS M.D.	8300 W. Sunrise Blvd.	<input checked="" type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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