

L02000019962

Florida Department of State
Division of Corporations
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From:

Account Name : ISAAC MATZ P.A., C.P.A.
Account Number : I20040000029
Phone : (305) 573-6640
Fax Number : (305) 675-6200

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

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R X R, L.L.C.

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T. BROWN

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ISAAC MATZ PA CPA

PAGE 04/06

Fax Audit Number:

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R X R, 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:

Jay Borsky

Name of Person

Isaac Matz PA

Firm/Company

2742 Biscayne Blvd

Address

Miami, FL 33137

City/State and Zip Code

jay@miami-taxes.com

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

For further information concerning this matter, please call:

Jay Borsky

Name of Person

at (305) 573-6640

Area Code

Daytime Telephone Number

Fax Audit Number:

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ISAAC MATZ PA CPA

Fax Server

PAGE 02/06



January 22, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

R X R, L.L.C.
445 GRAND BAY DR APT 1101
KEY BISCAYNE, FL 33149

SUBJECT: R X R, L.L.C.
REF: L02000019962

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000015247
Letter Number: 714A00001400

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1/23/2014 8:51:29 AM PAGE 1/001 Fax Server

ISAAC MATZ PA CPA

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January 23, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

R X R, L.L.C.
445 GRAND BAY DR APT 1101
KEY BISCAYNE, FL 33149

SUBJECT: R X R, L.L.C.
REF: L02000019962

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

We apologize that your document is being returned a second time. However, there is an additional error that was not noted when it was originally returned.

When the correction is made, we will give the document the file date on which it was received in this office after the first rejection.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000015247
Letter Number: 714A00001515

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RXR, 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 08/06/2002 and assigned
Florida document number L02000019962

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Arena Capital, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

Page 1 of 2

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 23 2014



Signature of a member or authorized representative or a member

Jay Borsky, Authorized Representative

Typed or printed name of signer