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| (Re | equestor's Name |) |
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| (Cit | ty/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: ARC-ARTHRITIS & RHEUMATIC CLINIC LLC |
| (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: |
| W HENRY O'CONNELL CPA |
| (Name of Person) |
| W.H. O'CONNELL & ASSOCIATES, PA |
| (Firm/Company) |
| 2200 N PONCE DE LEON BLVD SUITE 10 |
| (Address) |
| ST AUGUSTINE, FL 32084 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| W HENRY O'CONNELL CPA at (_ 904) 829-0082 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$55.00 Filing Fee Certified Copy (additional copy is enclosed) |
| |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARC-ARTHRITIS & RHEUMATIC CLINIC LLC

(Present Name) (A Florida Limited Liability Company)

| FIRST: | The Articles of Organization were filed on APRIL 24, 2007 and ass document number L07000043660 | signed | | | |
|----------|--|----------------------|---|--|--|
| SECOND: | This amendment is submitted to amend the following: | | | | |
| | TO CHANGE THE NAME THE THIS ORGANIZATION TO: | | | | |
| | EDGAR A MARTORELL, MD, LLC | | | | |
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| Dated AP | RIL 24 , 2007 | | | | |
| | Marbael | 2001 HAY SECRET | ļ | | |
| | Signature of a member of authorized representative of a member | Y 21 TARY ASSI | ļ | | |
| | EDGAR A MARTORELL Typed or printed name of signee | PH PH | 3 | | |
| | Typed of printed flame of signee | 4: 3 STAT LORU | 1 | | |

Filing Fee: \$25.00