

L 0900007538

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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FEB - 5 2010

**EXAMINER**

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2010 FEB - 4 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OPEN ARMS MEDICAL GROUP 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:

Scott Whitney

Name of Person

OPEN ARMS MEDICAL GROUP LLC

Firm/Company

5944 Richard St, Suites 102-103

Address

Jacksonville, FL 32216

City/State and Zip Code

contact@openarmsmedicalgroup.com

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

For further information concerning this matter, please call:

Scott Whitney

Name of Person

at ( 904 )

469-8686

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:**

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

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

**OPEN ARMS MEDICAL GROUP LLC**

(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 November 09, 2009 and assigned Florida document number L09000107538.

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 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)

5944 Richard Street  
Suites 102-103  
Jacksonville, FL 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5944 Richard Street  
Suites 102-103  
Jacksonville, FL 32216

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**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:

~~Scott Whitney~~ no change, same as before

New Registered Office Address:

5944 Richard Street, Suites 102-103

*Enter Florida street address*

Jacksonville

, Florida

32216

*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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Scott Whitney	5944 Richard Street Suites 102-103 Jacksonville, FL 32216	<input type="checkbox"/> Add <input type="checkbox"/> Remove * updating address
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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

\* See above  
just need to  
update  
the MGR's  
address

Changing the Managing member (Scott Whitney) address to

5944 Richard Street

Suites 102-103

Jacksonville, FL 32216

Dated February, 1st, 2010

Scott Whitney  
Signature of a member or authorized representative of a member

Scott Whitney  
Typed or printed name of signee