

**L13000080212**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*Amend  
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**N. CAUSSEAU**

**FEB 2 - 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARENA 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:

JOSEPH JOHN ARENA, MD

\_\_\_\_\_  
Name of Person

ARENA MEDICAL GROUP, LLC

\_\_\_\_\_  
Firm/Company

1 WEST SAMPLE ROAD SUITE 207

\_\_\_\_\_  
Address

DEERFIELD BEACH FL 33064

\_\_\_\_\_  
City/State and Zip Code

drarena@arenamedicalgroup.com

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

For further information concerning this matter, please call:

Joseph John Arena, MD

954 715-3334  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ARENA 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 06/03/2013 and assigned  
Florida document number L13000080212.

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)**

ARENA MEDICAL GROUP

1 WEST SAMPLE ROAD # 207

DEERFIELD BEACH FL 33064

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

ARENA MEDICAL GROUP

1 WEST SAMPLE ROAD # 207

DEERFIELD BEACH FL 33064

**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:

JOSEPH JOHN ARENA, MD

New Registered Office Address:

1 WEST SAMPLE ROAD # 207

*Enter Florida street address*

DEERFIELD BEACH

*City*

, Florida 33064

*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

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

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
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| _____        | _____       | _____          | <input type="checkbox"/> Change |

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17 JAN 31

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DIVISION OF CORPORATIONS  
17 JAN 31 AM 8:25

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 28

2016

Signature of a member or authorized representative of a member

JOSEPH JOHN ARENA, MD

Typed or printed name of signee