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## **COVER LETTER**

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CI:		Name of Lin	nited Liability Company	
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nosea	Anicies of A	Amendment and fee(s) are sub	omitted for filing.	
eturn	all correspon	idence concerning this matter	to the following:	
		Fernando Mendez		
			Name of Person	
		ARROWHEAD MEDICA	AL LLC	
			Firm/Company	
		124 N 2ND ST STE 2		
			Address	
		FORT PIERCE, FL 349	50	
		·		
		- · · -		
		E-mail address: (	to be used for future annual report no	otification)
her in	formation co	ncerning this matter, please co	all:	
ido M	lendez			1
	ARROWHEAD MEDICAL LLC  Name of Limited Liability Company  Associated Articles of Amendment and fee(s) are submitted for filing.  Sturn all correspondence concerning this matter to the following:  Fernando Mendez  Name of Person  ARROWHEAD MEDICAL LLC  Firm/Company  124 N 2ND ST STE 2  Address  FORT PIERCE, FL 34950  City/State and Zip Code  fernando@upshotdigital.com  E-mail address: (to be used for future annual report notification)  et information concerning this matter, please call:  do Mendez  Name of Person  Area Code  Daytime Telephone Number			
d is a	check for the	following amount:		
.00 Fi	lling Fee		Certified Copy	Certificate of Status & Certified Copy
	CT:  closed eturn  her in ado M	ARROWHE CT:  closed Articles of A eturn all correspon ther information co- ido Mendez  Name of	ARROWHEAD MEDICAL LLC  Name of Lin  Name of Lin  Plosed Articles of Amendment and fee(s) are subsetum all correspondence concerning this matter  Fernando Mendez  ARROWHEAD MEDICA  124 N 2ND ST STE 2  FORT PIERCE, FL 349  fernando@upshotdigital.  E-mail address: (and of Mendez)  Name of Person  d is a check for the following amount:  00 Filing Fee	ARROWHEAD MEDICAL LLC  Name of Limited Liability Company  ARROWHEAD MEDICAL LLC  Name of Limited Liability Company  Arrow of Limited Liability Company  Arrow of Limited Liability Company  Arrow of Person  ARROWHEAD MEDICAL LLC  Firm/Company  124 N 2ND ST STE 2  Address  FORT PIERCE, FL 34950  City/State and Zip Code fernando@upshotdigital.com  E-mail address: (to be used for future annual report in the information concerning this matter, please call:  at (

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 2019 AUG 13 PH 3: 54

## ARROWHEAD MEDICAL 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 I Florida document number L19000063793	Liability Company were filed on and assigned
This amendment is submitted to amend the fol	lowing:
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 appli	cable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address on our records, enter the name of the
Name of New Registered Agent:	Fernando Mendez
New Registered Office Address:	124 N 2ND ST STE 2  Enter Florida street address
	Fort Pierce Florida 34950
	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.

Fernando J Mendez If Changing Registered Agent, Signature of New Registered Agent If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TIMOTHY MAGEE	124 N 2ND ST	
		STE 2	■ Remove
		FORT PIERCE, FL 34950	☐ Change
MGR	Fernando Mendez	124 N 2ND ST	
-		STE 2	□ Remove
		FORT PIERCE, FL 34950	Change
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Effective date, if other than the date of filing:  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 605.020 (dots; If the date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed as locument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies and day after the record is filed.  Financial Allerial  Signature of a member or authorized representative of a member  FERNANDO J MENDEZ		
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