

L19 000063793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

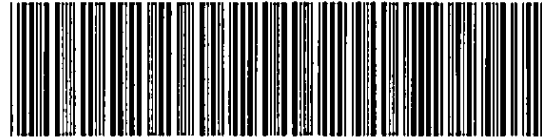
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

688

No \$

Office Use Only



600334756786

12/12/19--01026--022 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 DEC 10 PM 5:51

Amend

DEC 11 2019

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARROWHEAD MEDICAL 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:

Fernando Mendez

Name of Person

ARROWHEAD MEDICAL LLC

Firm/Company

9146 NW 37th PL

Address

Coral Springs, FL 33065

City/State and Zip Code

fernando@upshotdigital.com

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

For further information concerning this matter, please call:

Fernando Mendez

954 415-1504
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2019 OCT 25 PM 3:30

RECEIVED

19 OCT 10 PM 5:51

FILED
STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2019

FERNANDO MENDEZ
ARROWHEAD MEDICAL LLC
9146 NW 37TH PL
CORAL SPRINGS, FL 33065

SUBJECT: ARROWHEAD MEDICAL LLC
Ref. Number: L19000063793

We have received your document for ARROWHEAD MEDICAL LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 219A00023647

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

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 Liability Company were filed on 03/06/2019 and assigned Florida document number L19000063793.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

101 N US HWY 1

STE 209

FORT PIERCE, FL 34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 N US HWY 1

STE 209

FORT PIERCE, FL 34950

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:

101 N US HWY 1 STE 209

Enter Florida street address

FORT PIERCE

Florida 34950

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 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>
MGR	MENDEZ, FERNANDO	101 N US HWY 1	<input type="checkbox"/> Add
		STE 209	<input type="checkbox"/> Remove
		FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Fernando Mendez
Typed or printed name of signee