## L1900063394

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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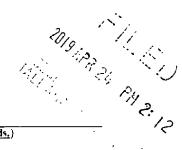
## **COVER LETTER**

TO:

ΓΟ: Registration Se Division of Cor			
	CHS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	RONEN ZAGURI OR KIN	M BARNES	
	·	Name of Person	·
	EYE4TECHS, LLC		
		Firm/Company	
	2069 SW 31ST AVE		
		Address	
	HALLANDALE, FL 3300	9	
	POGOKIM1@GMAIL.CO	City/State and Zip Code M	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
KIM BARNES		863 698-1084 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Boilding	n rations
Tallaha	assee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EYE4TECHS, 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	iability Company were filed on $\frac{03}{2}$	/05/2019	and assigned
Florida document number L000063394	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	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 annicables			
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>ent</u> e	er the name of the new
Name of New Registered Agent:	RONEN ZAGURI		
New Registered Office Address:	10750 LENOX ROAD		
	Enter Flo	rida street address	
	COOPER CITY	, Florida	33026
	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>	Address	Type of Action
MGR	DANIEL SHNADER	2069 31ST AVE	
			bbA 🗆
		HALLANDALE, FL 33009	
			Remove
			☐ Change
			□ Add
			Remove
		v	Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change

Effective date, if other than the date of filing:  (Optional)  (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 005.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated APRIL 19  2019  Signature of a member or authorized representative of a member		PLEASE REMOVE ARTICLE 111 FROM THE ARTICLES.
Effective date, if other than the date of filing:		<del> </del>
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  APRIL 19  Signature of a member or authorized representative of a member.		
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Dated	Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	APRIL 19
Signature of a member or authorized representative of a member		/ <u>III</u> ).
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00