

KZ1 000 127185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

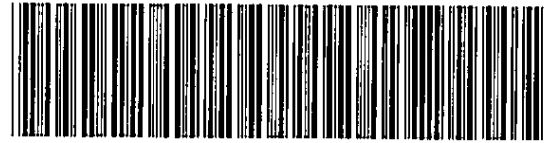
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200368338932

06/22/21--01024--005 **25.00

FILED
2021 JUN 22 AM 8:21
TALLAHASSEE FLORIDA

D BRUCE
JUL 16 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Weston Eyecare, 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:

Jesus Cuevas
Name of Person

Weston Eyecare, LLC
Firm/Company

19514 SW 51st Court
Address

Miramar, FL 33029
City/State and Zip Code

drjcuevas@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesus Cuevas at (305) 804-0645
Name of Person Area Code Daytime Telephone Number

-or- Yanet Fernandez 954-517-9041

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TALLAHASSEE, FL
2021 JUN 22 AM 8:21

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

Weston Eyecare, 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 3/17/21 and assigned Florida document number L21000127185.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

TALLAHASSEE
2021 JUN 22 AM 8:21

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: _____

Enter Florida street address

_____ **Florida** _____

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

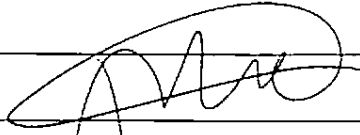
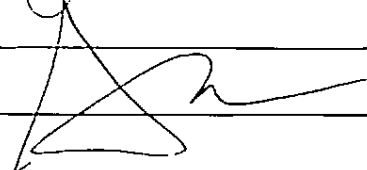
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jesus Cuevas	19514 SW 51 st Court Miramar, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Anastasia C. Jobson	19514 SW 51 st Court + Miramar, FL 33029	<input checked="" 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2021
 FALL
 2021
 220 AM
 8:21
 Add

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

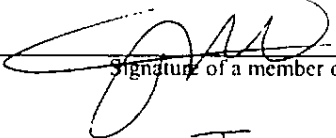
I am the owner of the company. I mistakenly put myself as President and my wife as VP as I do with my S-Corps. I should have put MGR on both. This account is a MGR managed business by Jesus Cuevas and Anastasia C. Jobson.
Thank you,

Jesus Cuevas  6/16/21
Anastasia Jobson  6/16/21
2021 JUN 16 8:21 AM
FALLS CHURCH, VA

E. 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 605.0207 (3)(b)
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.

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 June 16, 2021


Signature of a member or authorized representative of a member
Jesus Cuevas
Typed or printed name of signee