

ACCOUNT NO.

072100000032

REFERENCE :

885527

4331939

AUTHORIZATION

COST LIMIT

ORDER DATE : July 9, 1998

ORDER TIME : 11:34 AM

ORDER NO. : 885527-020

CUSTOMER NO:

4331939

800002584358--4

CUSTOMER:

Kristy Hair, Legal Assistant Greenberg Traurig Hoffman 515 East Las Olas Boulevard

Suite 1500

Fort Lauderdale, FL 33301

DOMESTIC AMENDMENT FILING

NAME:

PREFERRED VISION CARE, LTD.

EFFICTIVE DATE:

XX ARTICLES OF AMENDMENT

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF PREFERRED VISION CARE, LTD.

Pursuant to the provisions of the Florida Revised Uniform Partnership Act, and Section 620.109 of the Florida Statutes, the undersigned, being the General Partner of PREFERRED VISION CARE, LTD., does hereby duly execute and file with the Florida Department of State this Certificate of Amendment to Certificate of Limited Partnership.

- 1. The name of the Limited Partnership is PREFERRED VISION CARE, LTD.
- 2. The date of the filing of the original Certificate of Limited Partnership was October 13, 1997.
- 3. This Certificate of Amendment to the Certificate of Limited Partnership is being filed to reflect the change in the name of the Limited Partnership to:

Ivision International, Ltd.

IN WITNESS WHEREOF, Preferred Vision Care, Inc., the General Partner of PREFERRED VISION CARE, LTD., has executed this Certificate of Amendment to Certificate of Limited Partnership of Preferred Vision Care, Ltd. this 30 day of 1998.

PREFERRED VISION CARE, INC., a Florida corporation, General Partner

By:____//

P. Axital, President

CONSENT TO USE OF NAME

ON JUL-9 PM 1:57

IVISION INTERNATIONAL, INC.
701 West Cypress Creek Road
Suite 200
Fort Lauderdale, Florida 33309

TUNE 30 , 1998

Florida Secretary of State 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir or Madam:

This will certify that the undersigned, Joseph P. Antal, is the duly elected and acting President of Ivision International, Inc., a Florida corporation, and with the appropriate authority of its Board of Directors, does hereby consent on behalf of such corporation to the use of the name "Ivision International, Ltd." by Preferred Vision Care, Ltd., a Florida limited partnership, which desires to change its name to Ivision International, Ltd. Please accept and file the Certificate of Amendment to Certificate of Limited Partnership accompanying this letter.

Please note that the sole general partner of Preferred Vision Care, Ltd. is Preferred Vision Care, Inc., a Florida corporation, and that I am also the President of and acting with the consent of the Board of Directors of said corporation.

If you should have any questions, please feel free to contact me at (954) 267-0770.

 $\mathbf{R}_{\mathbf{W}}$

oseph P Antal, President

IVISION INTERNATIONAL, INC

STATE OF FLORIDA)	7
COUNTY OF BROWARD) SS: .)	
The foregoing instrument was by Joseph P. Antal as President of Ivi the corporation. He personally appears identification.	ision International, Inc., a Flor	ida corporation, on behalf of known to me or produced-
[NOTARIAL SEAL]	Notary:	DA B. POGERS