

L00000003929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

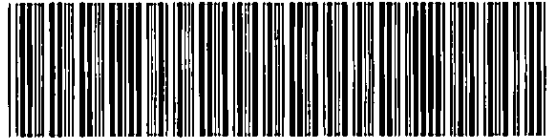
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2022 FEB -3 AM 9:46

2022 FEB -3 PM 3:52

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 457578 4306193

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 3, 2022

ORDER TIME : 3:09 PM

ORDER NO. : 457578-015

CUSTOMER NO: 4306193

DOMESTIC AMENDMENT FILING

NAME: PARK AVENUE OPHTHALMICS, PLLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
XX RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS: _____

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

PARK AVENUE OPHTHALMICS, PLLC

(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 04/06/2000 and assigned
Florida document number L00000003929.

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)

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: CORPORATION SERVICE COMPANY

New Registered Office Address: 1201 HAYS STREET
Enter Florida street address

TALLAHASSEE, Florida 32301
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>
AMBR	MAGRUDER EYE INSTITUTE, PLLC	1911 N MILLS AVENUE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOHN T. LEHR, M.D.	2269 E SEMORAN BLVD	<input type="checkbox"/> Add
		APOPKA, FL 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOHN A BENEKE, M.D.	1911 N MILLS AVENUE	<input type="checkbox"/> Add
		ORLANDO, FL 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2022 FEB -3 PM 9:46

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 January 20, 2022

Jell Signature of a member or authorized representative of a member

JOHN T. LEHR, M.D.

Typed or printed name of signer