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## **COVER LETTER**

Division of Corporations	
SUBJECT: R = 1) Eye 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:	
Anthony Dillasuro Name of Person  REDEYE LLC	
Firm/Company	<del></del>
35246 US Hung 19A	1#102
PALM HARBON FL City/State and Zip Code	34684
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Anthony Villagure at (727) 687-6109  Name of Person Area Code & Daytime Telephone No.	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, 1ificate of Status & 1ified Copy ditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

# TO SECRETARY OF STATE ARTICLES OF ORGANIZATION

	01	13 REIL 13 MILLI
RED E	llity Company as it now appe da Limited Liability Company	ars on our records.)
(A Flori	da Limited Liability Company	)
The Articles of Organization for this Limited Liability		7/15/2005 and assigned
Florida document number <u>Lo 5 0000</u>	21274	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company h	e <u>re</u> :
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<del></del>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
	<u> </u>	, Florida Zip Code
	City	гір Соае

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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- Dated	4/15/13
	Signature of a member or authorized representative of a member  Ar 70 / 0 / 11 A J 4 J 0 / Mar 75 / 7 Member  Typed or printed name of signce
	Page 3 of 3

Filing Fee: \$25.00