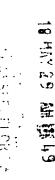
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(Requestor's Name)
(Address)
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J LEGGETT MAY 3 0 2018

COVER LETTER

TO:		istration Sec sion of Corp				
e110 IE		EYEWEAR	EXPORTERS LLC			
SUBJE	CI:		Name of Lim	ited Liability Company		
The enc	losed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspor	ndence concerning this matter	to the following:		
			ANA CERVETTA-LAPHA	AM		
				Name of Person		
			CERVETTA-LAPHAM &	ASSOCIATES		
				Name of Limited Liability Company ice(s) are submitted for filing. g this matter to the following: TTA-LAPHAM Name of Person LAPHAM & ASSOCIATES Firm Company Address 3173 City State and Zip Code ETTALAPHAM.COM nail address: (to be used for future annual report notification) Itter, please call: 305- 375-3244 at (
			6401 SW 87 AVE, STE 103 Address MIAMI, Ft. 33173 City/State and Zip Code			
				Address		
			MIAMI, FL 33173			
		fication)				
For furtl	her in	formation co	meerning this matter, please ea			
ANA C	ERVI	ETTA-LAPE	łani			
		Name of	Person	Area Code Daytime	e Telephone Number	
Enclose	d is a	check for th	e following amount:			
\$25.	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
			NG ADDRESS: stion Section	STREET/COURI Registration Sectio		

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa V Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial	and assigned		
lorida document number L06000008399	·		
this amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of t	he limited liab	oility company here:	
UPEROPTICAL LATINOAMERICA LLC			,
he new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicat	ole:	6401 SW 87 AVE, STE 103	
Principal office address MUST BE A STREET		MIAMI, FL 33173	ii. Ur
The state of the s	<u> </u>		E
The second of th		6401 SW 87 AVE, STE 103	61
Inter new mailing address, if applicable:	ANO	MIAMI, FL 33173	-
Mailing address MAY BE A POST OFFICE B	<u>(7.3)</u>		
. If amending the registered agent and/or egistered agent and/or the new registered offi Name of New Registered Agent:	ce address her		iter the name of th
	6401 SW 87 A	VE STE 103	
New Registered Office Address:		Enter Florida street address	
	MIAMI	, Florid:	33173
		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 = A $AMBR = A$	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			☐ Remove
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fective date, if other than n effective date is listed, the date	the date of files must be specific	and cannot be pri-	or to date of filin	g or more than 90 c	(optional) lays after filing.) Pur	suant to 605.0
ite: If the date inserted in th	is block does no	ot meet the appl	icable statutory	filing requireme	ents, this date will	not be listed
cument's effective date on th	ie Department o	it State's record	18.			
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Page 3 of 3

Filing Fee: \$25.00