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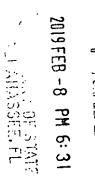
(F	Requestor's Name)	
(/	Address)	
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PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(I	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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C. GOLDEN FEB 1 4 2019

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		:
	san A Driscoll, O.D.,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Susan Driscoll		
		Name of Person	
	Susan A Driscoll, O.D.,LL	C	
	717 Saint Dunstan Way	Firm/Company	
	Winter Park, FL 32792	Address	
	sdriscoll717@hotmail.com	City/State and Zip Code	·····
	-	to be used for future annual report notifi	ication)
For further information	on concerning this matter, please ca	all:	
Susan Driscoll		407 739 2123	
Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or 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)

TO:

MAILING ADDRESS: 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Susan A Driscoll, O.D.,LLC

2019 FEB -8 PM 6:31

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	SSTATE
	ia Li. AffaSSI	EE, FL
The Articles of Organization for this Limited Liability Company	y were filed on <u>04/11/2006</u> and ass	igned
Florida document number L06000037733		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	3272 N. John Young Parkway	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34741	
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		of the ne
Name of New Registered Agent:		<del></del>
New Registered Office Address:		·
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comp	oly with th

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 add or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del> </del>	
		<del></del>	□ Remove
			Change
<del></del>			Add
			□ Remove
			Change
		Add	
		<del> </del>	☐ Remove
			Change
		<del></del>	
			☐ Remove
		<del></del>	☐ Change
		Add	
	<del></del>	☐ Remove	
		Change	
			☐ Remove
			☐ Change

1	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an e <u>Note</u>	tive date, if other than the date of filing: /2/01/2018 (optional)  [fective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 25 the nent's effective date on the Department of State's records.
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	February 6 2019
	In alricall
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00