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## **COVER LETTER**

Division of Corporations
SUBJECT: VISION CARE MOVIL SERVICES, 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:
JULIA M. BATISTA
(Name of Person)
TRADE LOGISTICSCONSULTING, INC.
(Firm/Company)
12999 SW 135TH STREET
(Address)
MIAMI, FLORIDA 33186
(City/State and Zip Code)
For further information concerning this matter, please call:
JULIA M. BATISTA at ( 786 ) 975-5022
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

#### 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 OT ARTICLES OF ORGANIZATION **OF**

FILED 07 APR 26 PM 2: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# VISION CARE MOVIL SERVICES, LLC. (Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 10-12-2006 and assigned document number L06000099576
SECOND:	This amendment is submitted to amend the following:
	A.) NAME OF THE NAME OF THE LIMITED LIABILITY COMPANY TO:
	VISION CARE MOBILE SERVICES, LLC.
	B.) ASSIGN OF UNITS TO MEMBERS:
	33.3% MARIBEL RAMIREZ
	33.3% GILMA MATOS
	33.3% OSIRIS JUGO
Dated M.	Signature of a member or althorized representative of a member  WARIBEL RAMIREZ  Typed or printed name of signee

Filing Fee: \$25.00