

# L06000104024

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EYECARE CENTER OF OCALA, LLC**

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SAVAGE KRIM

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February 6, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EYECARE CENTER OF OCALA, LLC  
3600 S.W. 54TH COURT  
OCALA, FL 34474

SUBJECT: EYECARE CENTER OF OCALA, LLC  
REF: L06000104024

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H14000028544  
Letter Number: 614A00002679

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

EYECARE CENTER OF OCALA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 25, 2006 and assigned  
Florida document number L06000104024.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TERO RISK ADVISORS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3600 SW 54th Court

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34474

Enter new mailing address, if applicable:

Same as above

(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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: FEBRUARY 6, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2-3 2014

  
Signature of a member or authorized representative of a member

Ray Overholser, MGR

Typed or printed name of signee

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Filing Fee: \$25.00

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