# LOL000109222

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
And.
Office Use Only



11/20/06--01021--001 \*\*30.00

SECRETARY OF STATE 06 NOV 20 AM 9: 31 U j [T] 

### **COVER LETTER**

**Registration Section** TO: **Division of Corporations** 

# SUBJECT: MEDICAL VISION 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:

# MOYAL R PATRICK

(Name of Person)

## MOYAL ACCOUNTING SERVICES

(Firm/Company)

# 10796 PINES BLVD SUITE 204

(Address)

# PEMBROKE PINES, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

MOYAL R PATRICK

(Name of Person)

at (<u>954</u>) <u>430-3930</u> (Area Code & Daytime Telephone Number)

2

Enclosed is a check for 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)

#### 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

### MEDICAL VISION LLC

(Present Name) (A Florida Limited Liability Company)

The Articles of Organization were filed on <u>11/13/2006</u> document number <u>L06000109222</u> FIRST: and assigned

SECOND: This amendment is submitted to amend the following:

Article I Change to the new name of the Limited Liability Company

TAS MEDICAL VISION LLC

Article V Delete the name and address of managing members/managers

Medicacorp LLC

4340 Sheridan street Hollywood, FI 33021 φ ω

Dated November 15 2006

> 1 member or authorized representative of a member N-CLAUDE T Typed or printed name of signee OUATI

Filing Fee: \$25.00