	Florida Department of State Division of Corporations Electronic Filing Cover Sheet
	ote: Please print this page and use it as a cover sheet. Type the fax audit umber (shown below) on the top and bottom of all pages of the document.
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	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : NICI LAW FIRM, P.L. Account Number : I20110000008 Phone : (239)449-6150 Fax Number : (877)646-0560
**Enter a	the email address for this business entity to be used for future nnual report mailings. Enter only one email address please
E	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

\#

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTER FOR SIGHT, P.L.	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.07000039895	were filed on 04/13/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ity Company." the designation "LLC" of the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	FIL
Enter new mailing address, if applicable:	
(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:	N/A		
New Registered Office Address:	2601 South Tamiami Trail Enter Florida street address		
	Sarasola	, Florida <u>34239</u>	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SIRENA MANAGEMENT, LLC	2601 South Tamiami Trail	Add
		Sarasota, FL 34239	🗆 Remove
			Change
		,,,	🗆 Add
		<u></u>	🖸 Remove
			🗇 Change
		t	🗆 Add
			🗆 Add
		<u> </u>	Change
			DAdd
			Remove
			Change
		<u></u>	⊡Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. v'_{\pm}

Dated September 23	2021	λ. N	2021	
	MRAN		SEP 2	
	Signature of a member or authorized representative of a member JAMES R. NICI, ES9.	E.FLO	L AH 8	LED
	Typed or printed name of signee		_: ഗ മ	