L07000081071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ADVANCED CARE EYE CENTER, LIMITED LIABILITY COMPANY
(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:

DILIP RATHINASAMY
(Name of Person)

ADVANCED CARE EYE CENTER
(Firm/Company)

307 S Bungalow Park AVE UNIT B
(Address)

TAMPA, FL 33609
(City/State and Zip Code)

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For further information concerning this matter, please call:

DILIP RATHINASAMY, M.D. at (813) 878-2020
(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

☐ $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

ADVANCED CARE EYE CENTER, LIMITED LIABILITY COMPANY
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 08/07/2007 and assigned document number L07000081071.

SECOND: This amendment is submitted to amend the following:

ARTICLE I: PLEASE REMOVE COMMA FROM NAME. I WOULD LIKE NAME TO READ AS BELOW.

ADVANCED CARE EYE CENTER LIMITED LIABILITY COMPANY

ARTICLE II: PLEASE CHANGE STREET ADDRESS OF THE PRINCIPAL OFFICE TO BELOW.

11906 Boyette RD

RIVERVIEW, FL 33569

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DIVISION OF CORPORATIONS

Dated September 10, 2007.

Signature of a member or authorized representative of a member

DILIP RATHINASAMY, M.D.
Typed or printed name of signee

Filing Fee: $25.00