

L08000007138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

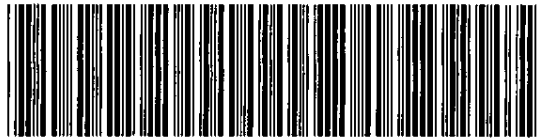
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 DEC 15 PM 2:11

J. BRYAN

DEC 16 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORT LAUDERDALE EYE INSTITUTE, 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:

Keith Skolnick

(Name of Person)

Fort Lauderdale Eye Institute

(Firm/Company)

7800 W. Oakland Park Blvd Sk 206

(Address)

SURPRISE FL 33351

(City/State and Zip Code)

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For further information concerning this matter, please call:

Keith Skolnick

(Name of Person)

at 954 741-5555

(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

FORT LAUDERDALE EYE INSTITUTE, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 1/22/08 and assigned
Florida document number L08000007138.

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

SAME - NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7800 WEST OAKLAND PARK BLVD
SUITE C-206
SUNRISE FL 33351 US

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:

(Enter Florida street address)

_____, Florida _____
(City) (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 608, 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.

N/A

(If Changing Registered Agent, Signature of New Registered Agent)

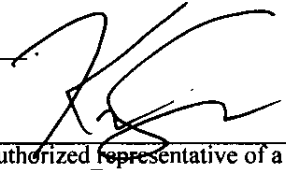
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EYE PHYSICIANS OF FLORIDA, LLP	7421 N. UNIVERSITY DR. Ste 109 TAMPA FL 33321 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EYE PHYSICIANS OF FLORIDA, LLP	1560 Sawgrass Corporate Parkway Suite 494 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 12/08, 2008



Signature of a member or authorized representative of a member
Keith Stohick

Typed or printed name of signee

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