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SECRETANY OF STATE

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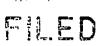
MAR - 9 2022

## **COVER LETTER**

	egistration Scivision of Cor			
subject		cal Plaza, LLC		
*C/IM1.C1		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sul-	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		David N Fisher		1
		<del>-</del>	Name of Person	
		Econ Medical Plaza, LLC		
			Firm/Company	
		690 Long Lake Dr		
			Address	
		Oviedo, FL 32765		
			City/State and Zip Code	
		dnfisher988@gmail.com		
for further	information c	E-mail address: ( oncerning this matter, please e	to be used for future annual report not all:	ification)
David N Fi			407 462-3738	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres egistration S		<u>Street Address:</u> Registration Se	ection
Di	ivision of C	orporations	Division of Co	rporations
	O. Box 632 illahassee, I		The Centre of 7	Fallahassee oc Street, Suite 810
		man as the art 1 - 1		A CHICLE CHIC OTT

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ... ARTICLES OF ORGANIZATION OF



Econ Medical Plaza, LLC

2022 FEB 28 AM II: 14

(Name of the Limited Liability Comp. (A Florida Emited	any as it now appears on our Liability Company) 59	ECNETARY OF STATE	
The Articles of Organization for this Limited Liability Company		1	
Florida document number $\frac{1.08000050802}{}$		l	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
Fisher Eye Properties, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	690 Long Lake Dr		
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 32765		
Enter new mailing address, if applicable:	690 Long Lake Dr		
(Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FL 32765		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new register	
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Enton Florida atom	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address		
		, Florida	
		131/1 6 1 144	
New Registered Agent's Signature, if changing Registered Agent:	•		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			☐ Remove
			□Change
<del></del>			
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
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			□Remove
		<del></del>	□Change
			□Add
		<del> </del>	□Reπove
			∐Change

Effective date, if other than the date of filing:  If an effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or none than 90 days after filing.) Pussuant to 005 0267.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records, document's effective date on the Department of State's records are desired in filed.  Dated  February 17th  2022  The Signature of a member or authorized representative of a member David N Fisher.					
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Filing Fee: \$25.00

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050802

Entity Name: ECON MEDICAL PLAZA, LLC

**Current Principal Place of Business:** 

690 LONG LAKE DR OVIEDO, FL 32765

**Current Mailing Address:** 

1020 LOCKWOOD BLVD OVIEDO, FL 32765 US

FEI Number: 26-4543266

Certificate of Status Desired: No

FILED Apr 14, 2021

Secretary of State

7125347564CC

Name and Address of Current Registered Agent:

FISHER, DAVID 690 LONG LAKE DR OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda,

SIGNATURE:

Name

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGRM

NGRM

•

FISHER, DAVID

Address 690 LONG LAKE DR City-State-Zip: OVIEDO FL 32765 Title

MGRM

Name Address FISHER, HOLLY

. . . . .

690 LONG LAKE DR

City-State-Zip: OVI

OVIEDO FL 32765

original filed 05/21/2008

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my existronic signature shall have the same legal effect as if made under outlif, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID N FISHER

**MGRM** 

04/14/2021