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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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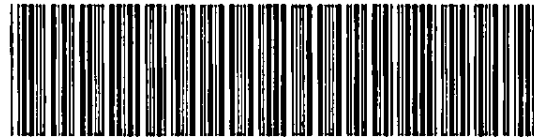
(Business Entity Name)

(Document Number)

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2022 FEB 28 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

A. BUTLER

MAR - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Econ Medical Plaza, 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:

David N Fisher

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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David N Fisher

407 462-3738
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Econ Medical Plaza, LLC

2022 FEB 28 AM 11:14

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/21/2008 and assigned
Florida document number L08000050802.

This amendment is submitted to amend the following:

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

Fisher Eye Properties, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 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:

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 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 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

[illegible]

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

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 Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	FISHER, DAVID	Name	FISHER, HOLLY
Address	690 LONG LAKE DR	Address	690 LONG LAKE DR
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	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 electronic signature shall have the same legal effect as if made in ink. 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

Electronic Signature of Signing Authorized Person(s) Detail

Date