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C. LEWIS

APR 2 4 2012

EXAMINER



April 18th, 2012

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314

Ref: Amendment of Articles of Organization Ocean Ophthalmology Group

To Whom It May Concern:

Attached please find Amendment to Articles of Organization originally filed on June 27, 2008, assigned document number L08000063329 for Ocean Ophthalmology Group, LLC.

Please return certified copy to:

Ocean Ophthalmology Group, LLC 1400 NE Miami Gardens Dr, Suite 203

North Miami Beach, Fl 33179

Contact Person: Cary Sereno, Office Manager

Daytime #: 305-940-1500

If any additional information is required please do not hesitate to contact us.

Sincerely,

Jesse Pelletier, MD

JPMD/cs. Encls.

Phone: 305-940-1500 Fax: 305-940-1501 www.oceanophthalmology.com

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ocean Ophthalmology Group 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:
Jesse Pelletier, M. D. Name of Person
Ocean orhthalmology Group, LLC Firm/Company
1400 NE Miami Gardens Dr- Ste 203
N. M. mi Beach F1 33179  City/State and Zip Code  Jesse Pelletier @ 4 Ahoo. Com  E-mail address: (to be used for future annual report notification)
TessePelletier @ 4ahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tesse Pelletter at (305) 940-1500  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\sum \text{Certified Copy (additional copy is enclosed)}} \ \ \text{\$\sum \text{\$\sum \text{Certified Copy (additional copy is enclosed)}}} \ \ \ \ \$\sum \text{\$\sum \text{\$\sim \text{\$\sum \text{\$\sim \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\s

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

FILED
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		125 17 4: 13		
(Name of the Limited Liabil	ity Company as it now appears of a Limited Liability Company)	LLCSECRE LARY OF STATE		
The Articles of Organization for this Limited Liability	Company were filed on June	and assigned		
Florida document number L08000063329	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company,"	'the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)	- Lucion		
	<del></del>	·····		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	Cin	, Florida Zip Code		
	City	Zip Coae		

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.

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> **Type of Action** Stewart, Kevin PMD 4125 Estate Judith's Fancy Add Christiansted, VI 00820 US Remove

Pelletier, Jesse 5 mo 1500 Bay Harbor Rd Add MGRM MGRM Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ve D.

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ending any other information, enter change(s) here: (Attach additional sheets, if necessor	支紹 下
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	OF ST.
April 18th , 2012.	
Signature of a member or authorized representative of a member  Jesse Pelletier, M.D.  Typed or printed name of signee	
_	Signature of a member or authorized representative of a member  Jesse Pelletier, M.D.

Page 2 of 2

Filing Fee: \$25.00