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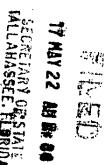
| (i | Requestor's Name) |
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| (/ | Address) |
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| PICK-UP | ☐ WAIT ☐ MAIL |
| (1 | Business Entity Name) |
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| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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Office Use Only



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Y SULKER

COVER LETTER

| TO: | Registration S Division of Co | | , | |
|-----------|----------------------------------|--|---|--|
| cub iez | | CARE, P.L. | | |
| SUBJE | C1: | Name of Lim | ited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all corresp | ondence concerning this matter | to the following: | |
| | | DAVID SABIN | | |
| | | | Name of Person | |
| | | DBS EYÉ CARE P.L. | | |
| | Firm/Company | | | |
| | | 1155 S DALE MABRY H | WY SUITE 16 | |
| | | | Address | |
| | | TAMPA, FL 33629 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | ication) |
| For furtl | her information | concerning this matter, please co | all: | |
| DAVID | SABIN | | 813 240-0737 at () | |
| | Name | of Person | | Telephone Number |
| Enclose | d 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DBS EYE CARE, P.L. | | | | |
|--|---|---|---------------------------------------|-------------|
| (Name of the Limited Liabil (A Florid | Ity Company as It now appears on ou a Limited Liability Company) | r records.) | | |
| The Articles of Organization for this Limited Liability (| Company were filed on $\frac{08/01/200}{1}$ | 08 | and assign | ned |
| Florida document number L08000074328 | · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | | | |
| DRS. EYE CARE, P.L. | | | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designati | on "LLC" or the abbrevi | ation "L.L.C | J." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | | |
| | | ¥ | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| E-4 | | <u> </u> | | |
| Enter new mailing address, if applicable: | - | 2 | 3 2 | jerdani. |
| (Mailing address MAY BE A POST OFFICE BOX) | | Page Page | | \$ \(\) |
| | | | <u> </u> | Hart. |
| | | 9 | 25 | N., |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | records, <u>enter the</u> | датемf | the nev |
| | | | | |
| Name of New Registered Agent: | <u> </u> | | | |
| New Registered Office Address: | | | | |
| | Enter Florida stre | et address | | |
| | | , Florida | | |
| | City | 2 | ip 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records:</u>

MGR = Manager

| AMBR = | Authorized Member | | |
|--------------|-------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
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| | | | Change |

| Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | | - |
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| Dated | | |
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| Signature of a member of authorized reprodentative of a member | | |

Page 3 of 3

Filing Fee: \$25.00