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M. THOMAS SEP - 5 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: KENNET	TH GREEN, P.L.			
SUBJECT:		d Liability Company)	<del> </del>	
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	PHILIP K. CLARKE, ESQ.			,
		(Name of Person)		PILED AND: 34
	KASS SHULER SOLOMO	N SPECTOR FOYLE & SINGER F	P.A.	
		(Firm/Company)	<del></del>	LED AM D: 34
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	PO BOX 800	(Address)	<u> </u>	P. E.
		(vomess)		<b>199</b> 32
	TAMPA, FL 33601			S
	(	City/State and Zip Code)		
For further information con	ncerning this matter, please call	<b>:</b>		
PHILIP K. CLARKE		at ( 813 ) 229-0900 EXT. 1		
(Name of	Person)	(Area Code & Daytime Te	lephone 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

KENNETH GREEN, P.L. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on AUGUST 6, 2008 and assigned Florida document number L08000075286 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FAMILY EYE CARE OF WESTSHORE, P.L. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbre "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

(City)

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

(Zip Code)

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 = Mana MGRM = Man	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			OS SEP -
			ASSEM STATE
<del></del>			□ Add □ Remove
			_[ Add _ Remove
D. If amending	g any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)	_
- Pro-solution of the solution		· · · · · · · · · · · · · · · · · · ·	_
Dated AUGUST	26	, 2008	_
	Kenneth Signature of	S www a member or authorized representative of a member	
	KENNETH GRE	·	
		Typed or printed name of signee	

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Filing Fee: \$25.00