

108000077553

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FOX & RAMUNNI, P.A.
Account Number : 120070000156
Phone : (863) 675-4646
Fax Number : (863) 675-4174

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OCALA EYE INSTITUTE, LLC

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCALA EYE INSTITUTE, 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:

STEVEN A. RAMUNNI
(Name of Person)

FOX & RAMUNNI, P.A.
(Firm/Company)

110 N MAIN STREET
(Address)

LABELLE, FL 33935
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN A. RAMUNNI at (863) 875-4646
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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11/12/2008 8:34 PAGE 001/001 Florida Dept of State

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TALLAHASSEE, FLORIDA



November 12, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OCALA EYE INSTITUTE, LLC
2020 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

SUBJECT: OCALA EYE INSTITUTE, LLC
REF: 108000077553

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

FAX Aud. #: E08000253448
Letter Number: 108A00056829

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TALLAHASSEE, FLORIDA

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PAGE 01

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

OCALA EYE INSTITUTE, LLC

*(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 08/12/08 and assigned Florida document number LC8000077553

This amendment is submitted to amend the following:

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

OMNI EYE INSTITUTE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing 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: STEVEN A. RAMUNNI

New Registered Office Address: 110 N MAIN STREET
(Enter Florida street address)

LABELLE, Florida 32936
(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 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)

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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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Larry M. Perich

Signature of a member or authorized representative of a member

LARRY M. PERICH

Typed or printed name of signee