

108000077553

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000254615 3)))



H080002546153ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 NOV 12 AM 8:28

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OCALA EYE INSTITUTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help
M. THOMAS

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

(Name of Person)

at (863) 675-4646

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV 12 AM 8:28

FILED

11/12/2008 08:49 8636754174
000-017-0301

FOX & RAMUNNI PA

PAGE 02

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

RECEIVED
08 NOV 12 AM 11:16
SECRETARY OF STATE
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

03 NOV 12 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

11/12/2008 08:49 8636754174
11/08/2008 15:44 FAX 239 791 3801
11/06/2008 14:45 8636754174

FOX & RAMUNNI PA
Fox & Ramunni, P.A.
FOX & RAMUNNI PA

PAGE 04
001/001
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: LC08000077553

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)

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

(City)

Florida 33936

(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)

11/12/2008 08:49 8636754174

FOX & RAMUNNI PA

PAGE 05

Nov 06 2008 19:28 HP LASERJET FAX

P. 3

11/06/2008 14:01 8636754174

FOX & RAMUNNI PA

PAGE 03

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

Title	Name	Address	Type of Action
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

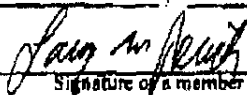
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 NOV 12 AM 8:29

FILED

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

Dated _____



Signature of a member or authorized representative of a member

LARRY M. PERICH

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00