

Division of Corporations

Page 1 of 1

**L09000070658**

Florida Department of State  
Division of Corporations  
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**FAX COVER SHEET**

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**TO**

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**FAX NUMBER** 18506176383

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**FROM** Tony Burroughs

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**DATE** 2009-09-22 14:32:50 PDT

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**RE** FL SOS

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**COVER MESSAGE**

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Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 |  
Fax 323.337.0742 | tburroughs@legalzoom.com | www.legalzoom.com | 7083 Hollywood  
Blvd., Suite 180, Los Angeles, CA 90028

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: I. STUART MCIVER, O.D. PLLC**  
(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.

Tony Burroughs  
(Name of Person)

Legalzoom.com, Inc.  
(Firm Company)

7083 Hollywood Blvd., Suite 180  
(Address)

Los Angeles, CA 90028  
(City State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs at ( 323 ) 962-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
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**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

FILED

2009 SEP 22 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

I. STUART MCIVER, O.D. PLLC

(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 07/23/2009 and assigned  
Florida document number L09000070658.

This amendment is submitted to amend the following:

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

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

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:

Eain Stuart McIver

New Registered Office Address:

1206 Meadows Blvd.

(Enter Florida street address)

Weston

(City)

Florida33327-1800

(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)

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

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

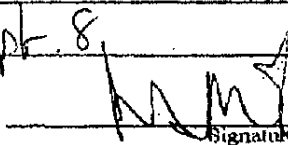
Article V. The name of the member was erroneously stated as:

Iain S McIver

The name of the member shall be: Iain Stuart McIver

Dated

Sept. 8, 2009



Signature of a member or authorized representative of a member

Iain Stuart McIver, Member

Typed or printed name of signer

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Filing Fee: \$25.00

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