

LO9000104736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP ☐ WAIT ☐ MAIL

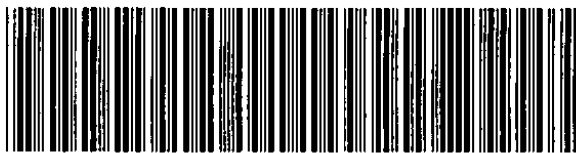
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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01/07/10--01009--023 **25.00

FILED
10 JAN 25 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 26 2010

EXAMINER

S. HAWKES

JAN 26 2010
S. HAWKES

EXAMINER

EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2010

DOCTOR SMITH EYE CARE
1104 NE 2ND TER
CAPE CORAL, FL 33909

SUBJECT: DOCTOR SMITH, LLC
Ref. Number: L09000104736

We have received your document for DOCTOR SMITH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00000667

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctor Smith 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:

Rodney Smith
Name of Person

Doctor Smith LLC
Firm/Company

1030 NE 2nd Ter
Address

Cape Coral FL 33909
City/State and Zip Code

michiganrodney@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodney Smith at (919) 991-6761
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

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

Doctor Smith 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 10/26/2009 and assigned
Florida document number L09000104736

This amendment is submitted to amend the following:

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

DOCTOR SMITH: Eye Care, 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)

1104 NE 2nd Ter

Cape Coral FL 33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1104 NE 2nd Ter

Cape Coral FL 33909

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

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

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:

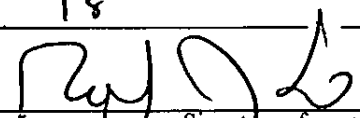
MGR = Manager
MGRM = Managing Member

<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Dated Jan 18 2010



 Signature of a member or authorized representative of a member
RODNEY J. SMITH, OD, MBA

 Typed or printed name of signee