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(Requestor's Name)	
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(City/State/Zip/Phone #)	)
PICK-UP WAIT	MAIL
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(Document Number)	<del></del>
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## **COVER LETTER**

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TO: Registration S Division of Co			
	SION GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	TIM HANGGE		
		Name of Person	<del></del>
		Firm/Company	
	10801 STARKEY RD SU		
		Address	
	SEMINOLE, FL 33777		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	alt:	
TIM HANGGE	1	727 667-2386	
Name	of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	Sample   \$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)
Regis	LING ADDRESS: tration Section	Registration Sect	
P.O. 1	ion of Corporations Box 6327	Division of Corp. Clifton Building	orations
Tallal	nassee, FL 32314	2661 Executive C Tallahassee, FL 3	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORE VISION GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £10000051213	were filed on 05/12/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10801 STARKEY RD SUITE 104-102	2
(Principal office address MUST BE A STREET ADDRESS)	SEMINOLE, FL 33777	
Į ·		
Enter new mailing address, if applicable:	10801 STARKEY RD SUITE 104-10:	2
(Mailing address MAY BE A POST OFFICE BOX)	SEMINOLE, FL 33777	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		r the name of the n
New Registered Office Address:	Enter Florida street address	SEP 2
	Florida _	77 Zip Contact
New Registered Agent's Signature, if changing Registered Agent:		02 7:
-   hereby accept the appointment as registered agent and agra	ee to act in this capacity. I further a performance of my duties, and I am	gree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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fective date, if other than	the date of filing:	(optional)
in effective date is listed, the date of the late of the date inserted in the date inserted in the date inserted in the date.	the date of filing: must be specific and cannot be prior to date of filing or mais block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.
enment's effective date on the	ne Department of State's records.	
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record specifies a dela The 90th day after the	yed effective date, but not an effective t record is filed.	time, at 12:01 a.m. on the earlie
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nted	2017	
	"CM-	
	Signature of a member or authorized representative	of a member
TIMELLANGER	Signature of a member or authorized representative	of a member
TłM HANGGE	Signature of a member or authorized representative  Typed or printed name of signee	of a member

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Filing Fee: \$25.00