L/00000003484

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	

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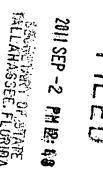
SEP - 6 2011

EXAMINER



600211668916

09/02/11--01040--007 **25.00



COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Division of C				
SUBJECT:	ORLANDO EYE 8	COCULOPLASTICS, LLC	;	
SUBJECT.		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		JED BERMAN		
		Name of Person		
Firm/Company				
	P.O. DRAWER 30			
		Address		
	WI	NTER PARK, FL 32790	2011 SEP -2 SECURITY OF THE LEASE OF THE LEA	
	City/State and Zip Code			
	jberm	an@infantinoberman.com to be used for future annual report notificat		
For further information	concerning this matter, please of	·		
	Jed Berman	at (407) 64	4-4673	
Name of Person		Area Code & Daytime To	elephone 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		STREET/COURIER Registration Section		
Division of Corporations		Division of Corporation	ons	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO EY	E & OCULOPLAST	ICS, LLC
(A Florid	<mark>lity Company as it now appe</mark> la Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Florida document numberL10000063484	Company were filed on	JUNE 14, 2010 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company he	ere:
ORLANDO	O EYE INSTITUTE, LL	С
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		70H S
(Principal office address MUST BE A STREET AD)	DRESS)	T P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter 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 Title Address **Type of Action** Name MGRM RAJA, DEEPAK 9127 TINTORI LANE ☐ Add WINDERMERE, FL 34786 Remove PARBHU, KESHINI MGRM 9127 TINTORI LANE ☐ Add Remove WINDERMERE, FL 34786. ☐ Add ☐ Remove ∏Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NEW ADDRESSES FOR MGRM AS STATED ABOVE **AUGUST 26** 2011 Dated Signature of a member or authorized representative of a member JED BERMAN, ATTORNEY

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Typed or printed name of signee

Filing Fee: \$25.00