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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|---|
| ORLANDO SUBJECT: | EYE INSTITUTE, LLC | , | ,4 |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JED BERMAN | | |
| | | Name of Person | |
| | INFANTINO AND BERM | 4AN | |
| | | Firm/Company | 2028 |
| | P.O. DRAWER 30 | | 2020 SEP -2 PH 2 |
| | | Address | |
| | WINTER PARK, FL 3279 | 90 | PH 2: 07 |
| | | City/State and Zip Code | REDE |
| | jberman@infantinoberman. | | 33 |
| For further information c | e-mail address: (concerning this matter, please c | to be used for future annual report not all: | meanon |
| JED BERMAN | | 407 644-4673 | |
| Name o | of Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Fiting 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) |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Se | rction |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | |
| Tallahassee. | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OREANDO EYE INSTITUTE, LLC | | | |
|--|--|--|------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our record ited Liability Company) | <u>(s.</u>) | |
| The Articles of Organization for this Limited Liability Comp | any were filed on JUNE 14, 2010 | | _ and assigned |
| lorida document number L10000063484 | | | |
| his amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the limited | liability company here: | | |
| REMAGIN, LLC | | | |
| he new name must be distinguishable and contain the words "Limited L | Liability Company," the designation "LLC | " or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| | | | . |
| | | 380 | 7 076 |
| inter new mailing address, if applicable: | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 4 7 |
| Mailing address MAY BE A POST OFFICE BOX) | | | 1 1 |
| | | me. | -n |
| | | | |
| 3. If amending the registered agent and/or registered off | ice address on our records, enter | the name o | Lihe new registe |
| gent and/or the new registered office address here: | · | Diri. | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| new negration Office Address. | Enter Florida street addres | 3 | |
| | Fl | orida | |
| | 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 605, 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

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

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|--------------------|
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| ective date, if other than the date of filing: | (optional) of filing or more than 90 days after filing.) Pursuant to 605.020 |
| te: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records. | atutory filing requirements, this date will not be listed as |
| union servetive date on the Department of State 3 records. | |
| cord specifies a delayed effective date, but not an effective time, at | 12:01 a.m. on the earlier of: (b) The 90th day after the |
| s filed. | |
| ted AUGUST 28 2020 | |
| | |
| (| epresentative of a member |

Typed or printed name of signee