## 1100000083630

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SECRETARY OF STATE
ALLAHASSEE, FI ORIGINAL

D. BRUCE

OCT 5 2010

**EXAMINER** 

## **COVER LETTER**

Division of Co				
SUBJECT:	NewPTX Sig	hT5AVER LLC ted Liability Company		
	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	DORI	S UPLINGER Name of Person		
		COPTY Sights Aver	LLC	
		COHMERCE PKE		
	HIRA	City/State and Zip Code  Code	25	10 OCT SECRET
	E-mail address: (i	dokis Copt x 2020. Co be used for future annual report notifical	tion)	ARY S
	concerning this matter, please c	all:		T STA
DoRIS	UPCING ER. of Person	at ( 934 ) 441-961 Area Code & Daytime T	Celephone Number	11E 33
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)	Certified (	of Status &
	LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NeopTX Sigh	TSAVERS, LLC	
NeseTX Sight (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	were filed on 8/9/10	and assigned
Florida document number <u>L 100000 83630</u> .	. ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Neoptx 519hts. The new name must be distinguishable and end with the words "Limi	AVER LLC	
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		Por =
(Principal office address MUST BE A STREET ADDRESS)		- <del> </del>
		337
		SEE.
Enter new mailing address, if applicable:		-T1 1
(Mailing address MAY BE A POST OFFICE BOX)		
		3 gg
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
·	, Florida	
	City	Zip Code
Novy Designated Assetts Simustone if showing Designated Asset	•	

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 <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove \_ Add ☐ Remove ∏Add Remove  $\prod Add$ Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00