

L11000022026

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 DEC 11 PM 12:15

C. LEWIS
DEC 12 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EYEMAX VISION CENTER
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:

VINAY GUTTI MD

Name of Person

EYEMAX VISION CENTER

Firm/Company

2142 VINDALE RD.

Address

TAVARES, FL 32778

City/State and Zip Code

VGUTTI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINAY GUTTI MD

Name of Person

at (352) 742-2142

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 DEC 11 PM 12:15

Eyemax Vision Center, 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 2/21/2011 and assigned
Florida document number 11000022026.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: VINAY GUTTI MD
New Registered Office Address: 2142 VINDALE RD,
Enter Florida street address
TAVARES, Florida 32778
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.

Vinay Gutti
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>
MGR	VISHNU REDDY MD	3256 S. PINE AVE.	<input type="checkbox"/> Add
		OCALA, FL 34471	<input checked="" type="checkbox"/> Remove
MGR	LALBAHADUR NAGABHAIRU MD	2142 VINDALE RD,	<input type="checkbox"/> Add
		TAVARES, FL 32778	<input checked="" type="checkbox"/> Remove
MGR	VINAY GUTTI MD	2142 VINDALE RD.	<input checked="" type="checkbox"/> Add
		TAVARES, FL 32778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 DEC 11 PM 12:15

Dated

11/28/12

Signature of a member or authorized representative of a member

ALBAHADUR NAGABHAI RU

Typed or printed name of signee

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Filing Fee: \$25.00