## 111000055984

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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## **COVER LETTER**

**Registration Section** 

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations				
SUBJECT:	h Eyes Real Name of Limi	ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
 	Man	Name of Person	<del>-</del>	
-	Erish Eyes	Renty LLC Firm/Company	<del> </del>	
-	128 +	Address LANE		
-		City/State and Zip Code		
-	E-mail address: (1	oswego.elu lo be used for future annual report notifical	tion)	
For further information conce	erning this matter, please c	all:		
Name of Per	D'CONNOR	at (315) 430-19 Area Code & Daytime T	9 L Telephone Number	
Enclosed is a check for the fo	ollowing amount:  ]\$30.00 Filing Fee &  Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
Registratio	ADDRESS: n Section	STREET/COURIER Registration Section Division of Corporation		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida)	Company as it now appe	ars on our records.		<del></del>	
(A Florida )	Limited Liability Company	)			
The Articles of Organization for this Limited Liability C	Company were filed on	5/11/2011	a	nd assi	gned
Florida document number L 11000055984	<u>_</u> .	,			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company h	ere:			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Com	pany," the designation	ı"LLC" (	or the ab	obreviation
Enter new principal offices address, if applicable:	<del></del>				
(Principal office address MUST BE A STREET ADDR	RESS)				
	· ·				
Enter new mailing address, if applicable:				201Ž	
(Mailing address MAY BE A POST OFFICE BOX)			語	验	Ť į
			185 185 185 185 185 185 185 185 185 185	26	g property:
B. If amending the registered agent and/or regist	tered office address on	our records, ente	r the ha	⊒¢ ⊒≰ ame_of	the new
registered agent and/or the new registered office add	ress here:			<u></u>	
Name of New Registered Agent:			· · · · · -		
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City		Zir	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 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>	Address	Type of Action		
MGRM	Douglas F. CASKR	FULTON, N.Y 13069	Add ☑ Remove		
			Add Remove		
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary:)	7		
Dated	,	2012.  Lutu  or authorized representative of a member	_		
		of printed name of signee			

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Filing Fee: \$25.00