

L11000079717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

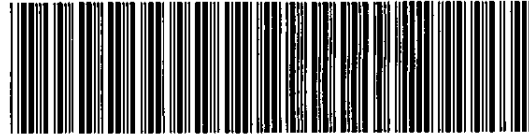
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11 AUG - 1 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 2 - 2011

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BOCA FAMILY EYE CARE, LLC
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:

WILLIAM M. MORSE

Name of Person

WILLIAM M. MORSE, EA

Firm/Company

210 NE 6TH AVE, STE 101

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

BILL@ATSDELRAY.COM

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

For further information concerning this matter, please call:

WILLIAM M. MORSE

Name of Person

at (561)

272-7424

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**

BOCA FAMILY EYE CARE, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on JULY 11, 2011 and assigned
Florida document number L11000079717.

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:

New Registered Office Address:

Enter 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

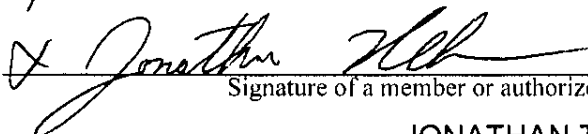
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	JONATHAN T. NEBB, OD, PA	9734 TAPESTRY PARK CIRCLE #405 JACKSONVILLE, FL 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	JONATHAN T. NEBB, OD	9734 TAPESTRY PARK CIRCLE #405 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	RACHEL KAIN NEBB, OD, PA	9734 TAPESTRY PARK CIRCLE #405 JACKSONVILLE, FL 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	RACHEL KAIN NEBB, OD	9734 TAPESTRY PARK CIRCLE #405 JACKSONVILLE, FL 32246	<input checked="" 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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated August 29th, 2011



Signature of a member or authorized representative of a member

JONATHAN T. NEBB

Typed or printed name of signee