

L11000095377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP.

☐ WAIT

☐ MAIL

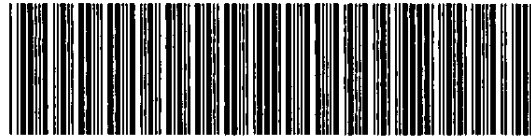
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2013 FEB -4 AM 11:46

C. LEWIS
FEB -5 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kehoe Eye Center, PLLC
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:

Alexandra Kehoe

Name of Person

Kehoe Eye Center, PLLC

Firm/Company

5820 NE 14th

Address

Fort Lauderdale, FL 33334

City/State and Zip Code

kehoe.od@gmail.com

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

For further information concerning this matter, please call:

Alexandra Kehoe

Name of Person

at (309) 368-7559

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**

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Kehoe Eye Center, PLLC

(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 08/19/2011 and assigned
Florida document number L11000095377.

This amendment is submitted to amend the following:

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

Alexandra Kehoe, OD PLLC

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)

5820 NE 14th Rd

Fort Lauderdale, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5820 NE 14th Rd

Fort Lauderdale, FL 33334

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:

Alexandra Kehoe

New Registered Office Address:

5820 NE 14th Rd

Enter Florida street address

Fort Lauderdale

City

Florida 33334

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:

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MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexandra Kehoe	5820 NE 14th Rd	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33334	<input type="checkbox"/> Remove
MGR	Alexandra Kehoe	2107 SE 10th Ave #831	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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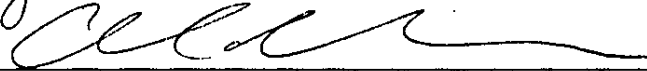
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated

January 29, 2013



Signature of a member or authorized representative of a member

Alexandra Kehoe

Typed or printed name of signee

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Filing Fee: \$25.00