

Division of Corporations

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**L11000112254**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FRAZIER & FRAZIER, ATTORNEYS AT LAW, P.A.  
Account Number : I20090000113  
Phone : (904) 353-5616  
Fax Number : (904) 353-5619

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: levinemail@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LL VISION,LLC**

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**D. BRUCE**

MAR 30 2012

**EXAMINER**  
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TALLAHASSEE, FLORIDA

H12000082094 3  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

LL Vision, 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 September 30, 2011 and assigned  
 Florida document number L11000112254.

This amendment is submitted to amend the following:

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

LL Vision, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: Frazier & Frazier, Attorneys at Law, P.A.

New Registered Office Address: 1515 Riverside Avenue, Suite A  
 Enter Florida street address

Jacksonville, Florida 32204  
 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.

Krista Robinson, Vice President

If Changing Registered Agent, Signature of New Registered Agent

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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	Name	Address	Type of Action
MGR	Lauralee E. Bredemann	3636 Silvery Lane Jacksonville, Florida 32217	<input type="checkbox"/> Add <input checked="" 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
			<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.)

The purpose of the Professional Limited Liability Company shall be changed to the following: " The purpose of the Company is to provide, solely through duly licensed physicians, any and all services that a physician, licensed under the laws of the State of Florida, is authorized to render.

The effective date of this Amendment shall be on the date of filing.

Dated March 29, 2012

  
Signature of a member or authorized representative of a member

Kristopher D. Robinson, Authorized Representative

Typed or printed name of signee

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