V12000037509

(Requestor's Name)
(Address)
(Address)
(lostross)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======================================
Codified Conice
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



000399789030

01/04/23--01027--010 **25.00



Office Use Only

COVER LETTER

. . .

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.		
	ndence concerning this matter t			
	Shivon Patel, Esq.			
		Name of Person		
	The Principal Law Firm, P.	L.	1/2	សត្ត
		Firm/Company		:
	4901 International Parkway	y, Suite 1024		-
		Address		:: ::
	Sanford, Florida 32738		- 1 17 3 0 3	: ວິ
		City/State and Zip Code		
	shivon@principallaw.net			
	E-mail address: ()	to be used for future annual report notif	rication)	
For further information c	oncerning this matter, please co	dl:		
Shivon Patel, Esq.		407 322-3003		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status Certified Copy radditional copy is enclosed.	
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE NONA OPITHALMOLO			
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited 1	Liability Company	were filed on March 16, 2012	and assigned
florida document number 45-4808552	 '		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Inter new principal offices address, if applicable:		6718 Lake Nona Blvd., Suite 140	
Principal office address MUST BE A STREET ADDRESS)		Orlando, Florida 32827	
			20 1
			3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable:		6718 Lake Nona Blvd., Suite 140) = 1
Mailing address MAY BE A POST OFFICE BOX)		Orlando, Florida 32827	
			<u> </u>
			<u>्</u>
. If amending the registered agent and/or gent and/or the new registered office addre	registered office a	address on our records, <u>enter the n</u>	name of the new regist
			
Name of New Registered Agent:	A.P. Accountin	ng & Tax Services, P.L.	
New Registered Office Address:	4901 Internatio	nal Parkway, Suite 1021	
-	-	Enter Florida street address	
	Sanford	, Florida	32771
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dr. Chirag J. Patel	6718 Lake Nona Blvd., Suite 140	□Add
		Orlando, Florida 32827	□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			三 - US ERemove
			□Change
			□Add
			□Remove
			□Remove
			TChance

		**			
		·		 	
					
		·			
 					
				<u> 중,,</u>	2023
					<u>;</u> -
				Ĭ -	1
				FN:	<u></u> .
					<u>==:</u>
			·	<u>.</u> シ	<u>é</u>
				منذ	
fective date, if other than t	he date of filing:			(optional)	
fective date, if other than the effective date is listed, the date in the date in this	just be specific and cannot block does not meet the	be prior to date of fi	ling or more than 90 day ary filing requiremen	ys after filing.) Pursi	iant to 605.020 iot be listed :
cument's effective date on the					
ecord specifies a delayed effectis filed.	live date, but not an effe	ective time, at 12:6)1 a.m. on the earlier	r of: (b) The 90th	i day after th
	202	2			
ted	·	·			
ited	Signature of a member				