

L12000097768

Florida Department of State
Division of Corporations
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AUG 02 2012

L. SELLERS

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LVIFL, LLC

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| Certificate of Status | 0 |
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THE LASIK VISION INSTITUTE, LLC

July 31, 2012

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

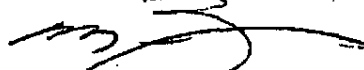
Dear Sir/Madam:

The Lasik Vision Institute, LLC ("LVI") is a Delaware limited liability company authorized to conduct business in Florida. LVIFL, LLC ("LVIFL") is a Florida limited liability company.

The undersigned, on behalf of LVI, hereby consents to LVIFL changing its name to THE LASIK VISION INSTITUTE FLORIDA, LLC.

Very Truly Yours,

THE LASIK VISION INSTITUTE, LLC



Matthew Zifrony, Esq.
Authorized Representative

The Lasik Vision Institute, LLC
2000 Palm Beach Lakes Blvd., Suite E
West Palm Beach, FL 33409

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LVIFL, 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 JULY 30, 2012 and assigned
Florida document number L12000097768.

This amendment is submitted to amend the following:

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

THE LASIK VISION INSTITUTE FLORIDA, LLC

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

FILED
12 JUL 31 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

July 31, 2012

Signature of a member or authorized representative of a member

MATTHEW ZIFRONY, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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