K12000152501

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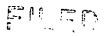
2022 JAN -3 PM 5: 02

COVER LETTER

TO: Registration Section

Division of Cor	porations		
CURRECT: DETIN	A MACIII A SPECIALIS	STS OF MIAMILLIC	
SUBJECT:IXETIN			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Wilfredo Lara		
		Name of Person	
	AMERICAN VISIO	ON GROUP, LLC	
		Firm/Company	
	192 N.E. 168TH S	STREET	
		Address	
AMERICAN VISION GROUP, LLC Firm/Company 192 N.E. 168TH STREET Address MIAMI, FL 33162 City/State and Zip Code WLara@retinamiami.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Wilfredo Lara Name of Person Area Code Daytime Telephone Number			
	M4 0 4		
			ication)
For further information c	oncerning this matter, please c	all:	
Wilfredo Lara		at (305) 643-887	1
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C P.O. Box 632	Section Torporations 7	Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RETINA MACULA SPECIALISTS OF MIAMI, LLC 2022 JAN -3 PM 5: 02 (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 _____ December 5, 2012 Florida document number __L12000152501 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 contain 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: Wilfredo Lara Name of New Registered Agent: 184 N.E. 168TH STREET New Registered Office Address: Enter Florida street address MIAMI City

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
MGR	RASHID M TAHER	184 N.E. 168TH STREET	
		MIAMI, FL 33162	\alpha Remove
		184 N.E. 168TH STREET	□Change
	Claudia Pagan	MIAMI, FL 33162	□ Add
			💆 Remove
			□ Change
			□ Add
			□Remove
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an effect lote: If	date, if other than the date of filing:	
1:- 61-4	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	12 14 2021	
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Typed or printed name of signee