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COVER LETTER

	istration Sectision of Corp	orations ·		ž.
SUBJECT:	The Eye C	Care Professionals of T	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
		dence concerning this matter t		
		Dr. Rick A. Robinson	1	
			Name of Person	
		The Eye Care Profes	ssionals of Tampa Bay, LLC	
			Firm/Company	
		24412 State Road 54	4	
			Address	, <u>, , , , , , , , , , , , , , , , , , </u>
		Lutz, Florida 33559		
			City/State and Zip Code	
		docrenaissance@gm		
		E-mail address: (t	o be used for future annual report notific	eation)
For further i	nformation co	ncerning this matter, please ca	all:	
Dr. Rick	A. Robinso	n	813 949-7274	
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for the	e 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

The Eye Care Professionals of Tampa Bay, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flo	orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number <u>L13000025349</u>	ry Company were filed on 02/18/2013 and assigned
This amendment is submitted to amend the following	y.
A. If amending name, enter the new name of the	limited liability company here:
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 AD	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Street adaress S Florida
New Registered Agent's Signature, if changing Regist	City Zip Gode
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.
	If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** AMBR Rick A. Robinson, O.D. 24412 State Road 54 _□ Add Lutz, Florida 33559 _□ Remove MGR Kelly Scamard 24412 State Road 54 ☐ Add Lutz, Florida 33559 □ Remove □ Add ☐ Remove □ Add □ Add ☐ Remove

tive date, if other than the date of filing: [coptional] fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) [Signature of a member or authorized representative of a member]	last ammendment filed. This ammendment is being filed to correct that mistake.				
ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)					
fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)					
KED O	tive date, if other than the date of f	filing: (optional) to date of receipt or filed date and cannot be more than 90 days after			
Signaturo of a member or authorized representative of a member		rtment of State)			
Kelly Seamard (rtment of State)			

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SECRETARY OF STATE TALEAHASSEE, FLORED