

L170000 25749

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Eye Care Professionals of Tampa Bay, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Rick A. Robinson

Name of Person

The Eye Care Professionals of Tampa Bay, LLC

Firm/Company

24412 State Road 54

Address

Lutz, Florida 33559

City/State and Zip Code

docrenaissance@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Rick A. Robinson

813 949-7274
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rick A. Robinson, O.D.	24412 State Road 54	<input type="checkbox"/> Add
		Lutz, Florida 33559	<input type="checkbox"/> Remove
MGR	Kelly Scamard	24412 State Road 54	<input type="checkbox"/> Add
		Lutz, Florida 33559	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

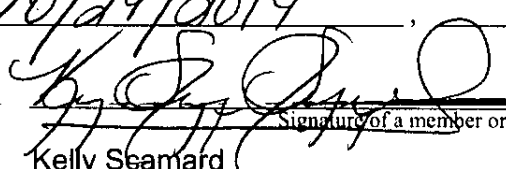
There was an error in the assignment of the member and manager titles in the
last ammendment filed. This ammendment is being filed to correct that mistake.

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

10/24/2014



Signature of a member or authorized representative of a member

Kelly Seamard

Typed or printed name of signee

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