L13000101991

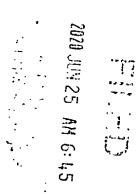
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AUG 1 0 2020 S. YOUNG

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			·
CUD IF CT.	Eye Design E	yeCare, LLC	
SUBJECT:		Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submit	ited for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Jason lannarelli		
		Name of Person	
	Port Orange Optical, LLC		
		Firm/Company	····
	496 Palm		
		Address	
	Ormond Beach, FL 32174		
	Jason.eye@hotmail.com	City/State and Zip Code	
For further information	E-mail address: (to be concerning this matter, please call:	e used for future annua	l report notification)
Jason	lannarelli	386 6'	79-6741
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55 90 Uling Fee Certified Copy (additional copy is co	Certificate of Status &
Mailing Addre			Address:
Registration Division of (Section Corporations	_	ration Section on of Corporations
P.O. Box 63			entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, ,	in EyeCare, LLC
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L13000101991	ompany were filed on07/08/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Port Orange Optical, LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1633 Taylor Rd. #104
(Principal office address MUST BE A STREET ADDRE	ESS) Port Orange, FL 32128
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent: N/A	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	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
	- N/A		□Add
			Remove
			□Change
			□Remove
			□Change
		①Add	
			□Remove
		□ Change	
			□Add
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			□Remove
			□ Change

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(If an effective date i Note: If the date	If other than the date of slisted, the date must be specifinserted in this block does tive date on the Department	rific and cannot be prior its not meet the applica	o date of filing or more able statutory filing re	(optional) than 90 days after filing.) Pr equirements, this date wi	ursuant to 605,0207 (3)(1 If not be listed as the
	cifies a delayed effec y after the record is		an effective tim	e, at 12:01 a.m. on	the earlier of:
Dated	May, 18th	. 2020			
	Signatu	re of a member or autho	rized representative of	ı member	

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Filing Fee: \$25.00