Department of Sta

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002584553)))-



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

		To:					
			Division of Com	rp	orations	T'.	
			Fax Number		(850) 617-6383	<u> </u>	4
		From:				三 層	A0N
	_		Account Name	:	A.A.ALI, CPA	77.7	-
	쯢	•	Account Number	:	120000000192	77	. L
Ξ	요조밥		Phone		(407) 298-3900		ÇT
<u> </u>	<u> 무슨은</u>		Fax Number		(407) 298-0660	1. 1	-in
==	<u> </u>				•	: - 1 € 27	<u> </u>
A	12.00		•			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
**	Enter: the	email a	address for this	s k	ousiness entity	to be used for fut	ure
i S	Gannua.	l report	mailings. Enter	r	only one email	address please .**	Ĭ.,
4 NOV	T 3 3 1	Address	•				
\geq	O different	uaar 622	·		· 		
4	5.55 5.55 5.55 5.55 5.55 5.55 5.55 5.5						
A							_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EYE CARE OF SOUTHWEST FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

NOV 0 6 2014

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF EYE CARE OF SOUTHWEST FLORIDA LLC

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 4TH, 2014 and assigned Florida document number L14000033861.

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 end with the words "Limited Liability Company,"	' the des		ignation	
"LLC" or the abbreviation "L.L.C."	32.5	g.:	<u> </u>	
	<	3	•	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STRE	ET-A	DDRI	ESS)	
	(5):3 (2):3	; -	Ĺ	
The same of the same is an itemble of the same of the	77)		വ	ĮT.
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	Ξ,	71 . 75 :	\ <u>}</u>	
	5	i i	Ė,	
B. If amending the registered agent and/or registered office address on our records,	nter		\Box	e
of the new registered agent and/or the new registered office address here:	<u> </u>		74	_

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)

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

- 1. LATCHMAN HARDOWAR, MD -MGRM(ADD) 1011 W. VINE ST. KISSIMMEE, FL 34741
 - 2. JILL SAGONA-MGRM......(ADD) 1011 W VINE ST. KISSIMMEE, FL 34741.

Signature of a member or enthorized representative of a member

CHITRAWATTIE BALGOBIN

11/14/2014

Typed or printed name of signee

FILED

14 NOV -5 PW 4:1

SECRETARY OF STATE
ALLAHASSEL FLORE