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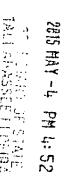
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## **COVER LETTER**

TO: Registration Se Division of Cor		•		
	RE OF SOUTHWEST F	LORIDA LLC		
SUBJECT:	Name of Lim	ited Liability Company	- Anna -	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Samuel Sagona			
		Name of Person		
•	EYE CARE OF SOL	JTHWEST FLORIDA LLC		
		Firm/Company		
	2382 Immokalee Ro	I		
		Address		
	Naples, FL 34110			
		City/State and Zip Code		ES COM
	E-mail address: (	to be used for future annual report notifi-		
For further information of	concerning this matter, please c	all:	1	The state of the s
Samuel Sagona		239 634-3722		SCOT PR
Name o	of Person		Telephone Number	F STATE
Enclosed is a check for t	he following amount:			<u>;</u> p
\$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 enclo	

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

## EYE CARE OF SOUTHWEST FLORIDA LLC

(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 Florida document number L14000033861	y were filed on <u>02/27/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	bility 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)		200
		<u> </u>
B. If amending the registered agent and/or registered of	office address on our records,	enter the name of the new
registered agent and/or the new registered office address her	<u>re</u> :	70 7
Name of New Registered Agent:		<u> </u>
		- 52 - 52
New Registered Office Address:  Enter Florida street a		
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Ms AMBR = Au	anager athorized Member		
Title	Name	Address	Type of Action
MGRM	Samuel Sagona	2382 IMMOKALEE RD	
		Naples, FL 34110	■ Remove
MGR	Samuel Sagona	2382 IMMOKALEE RD	■ Add
		Naples, FL 34110	☐ Remove
MGRM	Jill Sagona	2382 IMMOKALEE RD	□ Add
		Naples, FL 34110	Remove
MGR	Jill Sagona	2382 IMMOKALEE RD	■ Add
		Naples, FL 34110	Remove -
			TO R ITS
			Add N
			□ Remove

Page 2 of 3

D.	If amending any other information, enter change(s) here: (Attach additional	l sheets, if necessary.)
Ē.	Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be m	(optional)
	the date this document is filed by the Florida Department of State)	or that work and
	Dated APRIL 29 . 2015.	
	1 / 1	
	Signature of a member or authorized representative of a	L

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00