

L1410000033861

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TALLAHASSEE FLORIDA

MAY 08 2015
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EYE CARE OF SOUTHWEST FLORIDA 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:

Samuel Sagona

Name of Person

EYE CARE OF SOUTHWEST FLORIDA LLC

Firm/Company

2382 Immokalee Rd

Address

Naples, FL 34110

City/State and Zip Code

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

For further information concerning this matter, please call:

Samuel Sagona

Name of Person

at (239)

Area Code

634-3722

Daytime Telephone Number

Enclosed is a check for the 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

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CLERK OF STATE

**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 were filed on 02/27/2014 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 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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

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 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> |
|--------------|---------------|-------------------|--|
| MGRM | Samuel Sagona | 2382 IMMOKALEE RD | <input type="checkbox"/> Add |
| | | Naples, FL 34110 | <input checked="" type="checkbox"/> Remove |
| MGR | Samuel Sagona | 2382 IMMOKALEE RD | <input checked="" type="checkbox"/> Add |
| | | Naples, FL 34110 | <input type="checkbox"/> Remove |
| MGRM | Jill Sagona | 2382 IMMOKALEE RD | <input type="checkbox"/> Add |
| | | Naples, FL 34110 | <input checked="" type="checkbox"/> Remove |
| MGR | Jill Sagona | 2382 IMMOKALEE RD | <input checked="" type="checkbox"/> Add |
| | | Naples, FL 34110 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <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.)

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 APRIL 29, 2015

Samuel Sagona

Signature of a member or authorized representative of a member

Samuel Sagona

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA