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Account Number: 075350000514

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHEAP LENS REPAIR, L.L.C.

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AUG 10 2015

S. YOUNG

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEAP LENS REPAIR, L.L.C.		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000113661	Company were filed on July 18, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited Jiability company bere:	
SEASIGHT VISION, L.L.C.		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		- 16 5
Principal office address MUST BE A STREET ADD	RESS)	美里 5 世
		<u> </u>
Enter new malling address, if applicable:		FI (C) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S
Mailing address MAY BE A POST OFFICE BOX)		25 J
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the ne
egistered agent and/of the new registered office add	ites itele.	
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 = Ma AMBR = Au	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
***************************************			□ Add
			☐ Remove
			Add S T
			QQ
	254 1		□ Add
			□ Remove
			Add
			☐ Remove

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 August 7 2015		
	Signature of a member of authorized representative of a member		
	ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE		
	Typed or printed name of sience		

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ANIASSEE, FLORIDA