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(((H150002356183)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600

Fax Number : (323)962-3889

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCMILLAN'S PROFESSIONAL SURVEILLANCE SERVICE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

OCT OF MARRIS

COVER LETTER

TO:	Registration Se Division of Co.			***
SUBJEC	MCMILL	AN'S PROFESSIONAL SU	IRVEILLANCE SERVICE, LLO	2
SUBJE	<u></u>	Name of Lim	ulted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	andence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		mcmilland36@yahoo.com		
			to be used for future annual report notif	ncation)
For furth	er information c	oncerning this matter, please of	all:	
imelda	Vasquez		323 962-8600 e	
	Name o	f Person	Area Code Daytimo	a Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fec	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCMILLAN'S PROFESSIONAL SURVEILLANCE SERVICE, LLC

(Name of the Limited Liability Comi (A Florida Limited	ouny as it now appears on I Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on <u>09/11/</u>	2015	and assi	igned
Florida document number 115000155293				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:		•	
Eyes On Advisory, LLC				
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the design	mation "LLC" or the al	breviation "L	L.C.
Enter new principal offices address, if applicable:				·~
(Principal office address MUST BE A STREET ADDRESS)			1 100	
		Ē		B#-1*A-4
		<u> </u>	-:: B	£ 1
Enter new mailing address, if applicable:				######################################
* • • •			, ·	
(Mailing address MAY BE A POST OFFICE BOX)	and the last of th	:	1	
				
		9		*, .
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>enterc</u>	he name	of the ne
registered agent and/o/ the new registered dince and ess ne	re.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida si	treet address		
		. Florida		
	City	, x tot ind	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	:	,		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

MGR = Manager

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:

Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Remove
			□ Add
			☐ Remove
			A C
			SST - Remove FT
			# 8: 44 STA E
<u>.</u>			Add
			Remove
			□ Remove

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Signature of a fricenter or authorized representative of a member Douglas McMillan

Typed or printed name of signee

Filing Fee: \$25.00

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