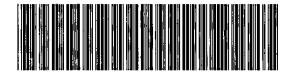
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(1)	Requestor's Name)
(.	Address)
(Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

OC. 78 76.2

COVER LETTER

TO: Registration Division of C	Section Corporations		
Eye Cad	dy LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Chris Maiorino		
		Name of Person	
	MPR Capital LLC		
		Firm/Company	
	PO Box 4188		
		Address	
	Fort Lauderdale, FL 33338		
		City/State and Zip Code	
	em@mprequities.com		
For further informatio	E-mail address: (n concerning this matter, please co	to be used for future annual report notifi all:	2015 DCT 1.6 A SECRETARY OF ALLAHASSEE. I
Chris Maiorino		954 288-6278 at ()	[7]
	ne of Person	Area Code Daytime	Telephone Number 2
	or 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:

ń,

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 Caddy 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 $\frac{10/12/15}{1}$ and assigned Florida document number ______L15000173358 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 contain 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MPR Capital LLC	PO Box 4188	□ Add
		Fort Lauderdale, FL 33338	Remove
			Change
			Add
			Remove
			☐ Change
			Add
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			Change Change Add Add Add Add Add Add Add A
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Cective date, if other n effective date is listed, ote: If the date inserte cument's effective date	the date must be specified in this block does	ic and cannot be price not meet the appli	cable statutory fi	more than 90 days	p tional) after filing.) this date v	Pursuant t vill not b	o 605.02 e listed
record specifies a The 90th day afte	r the record is fi	led.		e time, at 12:0)1 a.m. c	n the e	arlier
october	- 13		- ·	\	_		

Page 3 of 3

Filing Fee: \$25.00