LISOM77002

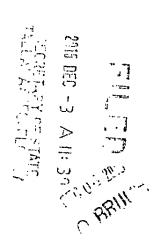
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone |) #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | · |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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12/03/15--01009--003 **60.00



COVER LETTER

| TO: Registration Division of | n Section Corporations | | | |
|------------------------------|---|---|---|---------|
| SUBJECT: | Eye M.D. Name of Limit | of Niceville | LLC | |
| The enclosed Articles | s of Amendment and fee(s) are subn | nitted for filing. | | |
| Please return all corre | espondence concerning this matter t | to the following: | | |
| | Natho | Mill Jacob Ru Name of Person | n Hig | |
| | Eye | M.D. of NiceV | ille LLC | |
| | | Ory Street #10 Address | | |
| | Nice Ville, | FL 3257 City/State and Zip Code | 28- | |
| | admine eye | emd of nice ville. | COM | |
| For further information | E-mail address: (to on concerning this matter, please call. | to be used for future annual report null: 850 | COM otification) 33-8318 ime Telephone Number 14 A = 15 | in team |
| Naı | me of Person | Area Code Dayt | ime Telephone Number | |
| Enclosed is a check f | or the following amount: | | -3 = -1 ω | همند: ٣ |
| □ \$25.00 Filing Fee | e ☐ \$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

| EVE M.D. | of Niceville LLC | | |
|---|---|---------------------|---|
| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liab Florida document numberL1500017-700 | bility Company were filed on October 19, 3 | 2 <i>015</i> and a | ssigned |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liability company here: | | |
| The new name must be distinguishable and contain the word | | the abbreviation "l | L.L.C." |
| Principal office address MUST BE A STREET | ADDRESS) | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO | <u> </u> | | |
| 3. If amending the registered agent and/or egistered agent and/or the new registered office | | enter the name | of the new |
| | | 2015 2015 | الدينية - الدينية |
| Name of New Registered Agent: | | | <u> </u> |
| New Registered Office Address: | Enter Florida street address | 17-1 > | |
| | , Floric | la Zip Code | <u>"" "" " " " " " " " " " " " " " " " " </u> |
| | | | |

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

| | anager uthorized Member | | |
|--------------|----------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| AMBR | Maria A. Ruttig | 142 Winding Waters WAY Niceville, FL 32578-163 | □ Add |
| | | | Remove |
| | | * Please change to Authorized Agent inslead of | Change |
| | | AMBR | Add |
| | | | 🗆 Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | · · · · · · · · · · · · · · · · · · · | Change |
| | | E COL | □ Add |
| | | E CREATIVE AND A CREA | - G Remove |
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| | | ूँ इ | .⊃ □ Remove |
| | | | 🗆 Change |
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| | | | Remove |
| | | | Change |

| Please change Maria A Ruttig?s Status from AMBR to Authorized Agent. | | Please | change | MariaA | Ruttig >5 | Status | ` |
|--|-------------|--|-----------------|-------------|---|---------------|---------------------------------------|
| | | from | AMBR | to | Authorized | Agent. | |
| | | | | | | | |
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| Tr. Tr. → | - | ************************************** | | | | | 14.4 w |
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| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear | | day after the | record is filed | l. | | e, at 12:01 a | .m. on the ear |
| The 90th day after the record is filed. | | November | l d | , 2015 D | · Mu | A. A. | |
| | | | MA | | / / / / / | _ // | |

Filing Fee: \$25.00