

L16000087527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

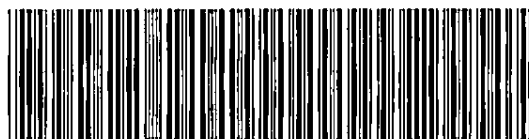
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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17 DEC 14 PM 4:49  
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2017 DEC 14 PM 4:21  
TALLAHASSEE, FLORIDA

DEC 15 2017

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CENTER FOR EYE SURGERY 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:

D. FONTANA

\_\_\_\_\_  
Name of Person

STEARNS WEAVER

\_\_\_\_\_  
Firm/Company

200 EAST LAS OLAS BLVD., SUITE 2100

\_\_\_\_\_  
Address

FORT LAUDERDALE, FLORIDA 33301

\_\_\_\_\_  
City/State and Zip Code

barbie@medeyeassociates.com

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

For further information concerning this matter, please call:

D. FONTANA

954 462-9541  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CENTER FOR EYE SURGERY 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 MAY 3, 2016 and assigned  
Florida document number L16000087527.

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:

6660 SW 117 AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33183

Enter new mailing address, if applicable:

6660 SW 117 AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33183

**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:

ZACHARY K SEGAL, MD

New Registered Office Address:

6660 SW 117 AVENUE

*Enter Florida street address*

MIAMI

*City*

, Florida 33183

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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FLORIDA  
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FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

17 DEC 45 PM 20 49  
ILL. MASS. FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DECEMBER 11, 2017

Signature of a member or authorized representative of a member

ZACHARY K SEGAL, AUTHORIZED MEMBER

Typed or printed name of signee