

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L16000091862

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000411428 3)))



H230004114283ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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  
MULTI-SPECIALTY PHYSICIANS GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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

H23000411428

MULTI-SPECIALTY PHYSICIANS GROUP, 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 12, 2016 and assigned  
Florida document number L16000091862.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OPTOMETRY ASSOCIATES, LLC

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

*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

H23000411428

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

H23000411428

<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
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Change
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Change
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Change
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Change
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Change
-------	-------	-------	---------------------------------

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

[illegible]

(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)

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 1, 2023

/s/ Albert Maury

Signature of a member or authorized representative of a member

Albert Maury, Manager

Typed or printed name of signee

Filing Fee: \$25.00