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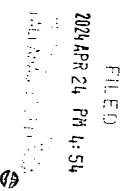
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

OPTOMETRY ASSOCIATES, LLC SUBJECT: 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: Marisa Wilson, Esq. Name of Person Polsinelli PC Firm/Company 315 S. BISCAYNE BLVD-SUITE 400 Address Miami, Florida 33131 City/State and Zip Code marisa.wilson@polsinelli.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marisa Wilson, Esq. 305 921-1803 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## OPTOMETRY ASSOCIATES, 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 Florida document number <u>L16000091862</u>	were filed on MAY 12, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hity Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8600 NW 41ST STREET	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 101	
	DORAL, FL 33166	024
Enter new mailing address, if applicable:	8600 NW 41ST STREET	FIL APR 21
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 101	· • • • • • • • • • • • • • • • • • • •
	DORAL, FL 33166	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer 4 toriaa sireet aaares.	•
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
If Cha	nging 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>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date muote: If the date inserted in this becoment's effective date on the I	st be specific and can lock does not meet	the applicable stat	filing or more than utory filing requi	(optional) 190 days after filing rements, this date	) .) Pursuant to 605.0207 will not be listed as
record specifies a delayed effecti is filed.	ve date, but not an e	effective time, at 1	2:01 a.m. on the	earlier of: (b) T	ne 90th day after the
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	/S/ CELINA RU	IZ, OD			
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	Signature of a mem	oer or authorized rej	rescittative of a inc	moei	

Filing Fee: \$25.00