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٦		Division of Corp Fax Number : Account Name : Account Number ;	orations (850)617-6383 TOBIN & REYES,	eet.	-		

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECTI

Nome of Limited Liability Company

The enclosed Articles of Amondment and foc(s) are submitted for filing,

Please return all correspondence concerning this matter to the following:

John Bascome, O.D.

Bescome Eye Care, Inc.

Pirm/Company

Name of Person

2502 East Oakland Park Bivd.

Address

Fort Lauderdale, Florida 33306

City/State and Zip Code

odfloride@gmail.com

B-mail address: (to be used for future attaual report notification)

For further information concerning this matter, plasse call;

John Bascome, O.D.		954 551-7000		
Name of Person		Area Code Daytime Telephone Number		
Bo	closed is a check for t	to following amount:		
Ē	\$25.00 Filing Fee	Citificato of Status	\$55,00 Filing Fee & Certified Copy (additional copy is eastloand)	Ci \$60.00 Piling Fee. Certificate of Status & Certified Gopy (edutional ency is reacted)
MAILING ADDRESS; Registration Section Division of Corporations F.D. Box 6327 Tailanassee, FL 32314		STREET/COURI Registration Section Division of Carpor Clifton Building 2661 Executive Co Taliabataco, FL 32	n ations nuer Circlo	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dr. Klein, Optometry, LLC Indany at it now appears on our records.) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on 4/4/2017 and assigned Florida document number L17000074108 σġ ŝ This amendment is submitted to smend the following: 2 A. If smending name, snier the new name of the limited liability company here: Éá Broward Bye Care, LLC The new name must be distinguishable and contain the words "Limited : Isbility 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

 Name of New Registered Agent:
 John Bascome, O.D.

 New Registered Office Address:
 2502 East Oakland Park Blvd.

 Enter Florida aveau address
 Enter Florida aveau address

 Fort Lauderdals
 2502 City

New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Resistered Agent

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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>	Name	Address	Type of Action
MGR	John Bascome, O.D.	2502 East Oakland Park Blvd. Fort Lauderdale, Florida 33306	🖬 Add
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D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.) r. . 1.1 er: Ú. \sim 27 4 ÷. ŝ -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. 2017 April 14 Dated Signature of a member of Sutharized representative of a member Tohn Brenn, Cio John Bascome, O.D. Page 3 of 3

Filing Fee: \$25.00

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850-817-8381

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April 12, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

DR. KLEIN, OPTOMETRY, LLC 2502 EAST OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306

SUBJECT: DR. KLEIN, OPTOMETRY, LLC REF: L17000074108

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H17000099569 Letter Number: 917A00007037

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P.O BOX 6327 - Tallahassee, Florida 32314

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