# 117000179195

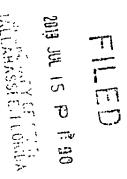
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Address)                               |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| ТО:           | Registration Se<br>Division of Cor |   | •   |   |
|---------------|------------------------------------|---|---|---|
| emp m         |                                    | SUN OPTICAL LLC                                 |   |   |
| SUBJE         | .cr:                               | Name of Lim                                     | ited Liability Company  |   |
| The en        | closed Articles of                 | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please        | return all correspo                | ndence concerning this matter                   | to the following:   |   |
|               |                                    |   | Name of Person  |   |
|               |                                    | SEE AND SUN OPTICAL                             |   |   |
|               |                                    | 3736 SE OCEAN BLVD                              | Firm/Company  |   |
|               |                                    | STUART, FL 34996                                | Address   |   |
|               |                                    | SEEANDSUNOPTICAL@G                              | City/State and Zip Code OUTLOOK.COM                                 | <del></del>   |
|               |                                    | E-mail address: (!                              | to be used for future annual report not                             | ification)  |
| For fur       | her information co                 | oncerning this matter, please ca                | all:  |   |
|               | Name of                            | Person  | at ()<br>Area Code Daytin   | ne Telephone Number   |
| Enclose       | ed is a check for th               | e following amount:                             |   |   |
| <b>■</b> \$25 | .00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SEE AND SUN OPTICAL LLC

FILED

| (Name of the Lim  | ited Liability Company as               | it now appears on our records.)  y Company)                |
|---|---|--|
|   | (A Florida Limited Liabilit             | 2013 JUL 15 P 1 20   |
| The Articles of Organization for this Limited I   | Liability Company were                  | filed on AUGUST 22nd , 2017 war 5 and assigned             |
| Florida document number L17000179195  | ·                                       | IALLAHASSEE, FLORINA                                       |
| This amendment is submitted to amend the fol  | lowing:                                 |  |
| A. If amending name, enter the new name of  | of the limited liability o              | company here:  |
| The new name must be distinguishable and contain the                                    | words "Limited Liability Co             | mpany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli   | cable:                                  |  |
| (Principal office address MUST BE A STREA   | ET ADDRESS)                             |  |
|   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:   | _                                       |  |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>                             |  |
|   | _                                       |  |
|   |   |  |
| B. If amending the registered agent and<br>registered agent and/or the new registered o |   | address on our records, enter the name of the new          |
|   | 111111111111111111111111111111111111111 |  |
| Name of New Registered Agent:   | CHRISTOS ANTON                          | OPULOS   |
| New Registered Office Address:  | 3736 SE OCEAN BL                        | VD   |
| -   |   | Enter Florida street address                               |
|   | STUART                                  | Florida 34996  |

### 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

Zip Code

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 |
|--------------|----------------------|--------------------|----------------|
| MGR          | BRITT LOLOS          | 3736 SE OCEAN BLVD |                |
|              |                      | STUART, FL 34996   |                |
|              |                      |                    | ■ Remove       |
|              |                      |                    |                |
|              | CHRISTOS ANTONOPULOS | 3736 SE OCEAN BLVD | Change         |
| MGR          | CHRISTOS ANTONOPOLOS | 3730 SE OCEAN BLVD |                |
| <del></del>  |                      | STUART. FL 34996   |                |
| -            |                      |                    | Remove         |
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| ective date, if other than the dieffective date is listed, the date must l | ate of filing:         |                     | (10.1                | optional)               | 405.05      |
| te: If the date inserted in this bloc                                      | k does not meet the    | applicable statutor | y filing requirement | s, this date will not b | e listed    |
| ument's effective date on the Dep  | artment of State's re  | cords.              |                      |                         |             |
| record specifies a delayed   | effective date, b      | ut not an effect    | tive time, at 12:    | 01 a.m. on the e        | arlier      |
| he 90th day after the reco   | d is filed.            |                     | .,                   |                         |             |
| JUNE 9th   | 2019                   |                     |                      |                         |             |
| ed   | ,,                     | ·                   |                      |                         |             |
|  |                        |                     |                      |                         |             |
|  | gnature of a member of |                     |                      |                         |             |

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Filing Fee: \$25.00