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TALLANATSEE, PL

COVER LETTER

TO: Registration Section Division of Corporations

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Advanced Surgical Mobile Eye Care, 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:

Lucie Luu

Name of Person

Firm/Company	က က	2024	
445 Apollo Beach Blvd.	CRE	JUR	
Address		28	
Apollo Beach, FL 33572	r.≺ çor		; -
City/State and Zip Code		$\dot{\Sigma}$	
admin@mobileeyeeare.com	-2	25	
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

Advanced Surgical Mobile Eye Care, 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 January 02, 2018 and assigned Florida document number L18000000650

This amendment is submitted to amend the following:

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

	SE	ະ ວ
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the atbrevia	on "L.L.G.
Enter new principal offices address, if applicable:		22. 19. 1991 V <u>1. 1982</u>
(Principal office address MUST BE A STREET ADDRESS)		× · · ·
		<u>2:</u> 2:26
Enter new mailing address, if applicable:	111	
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street ac	l lan r
	тэтег сторий меся и	
	City	, Florida 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 femiliar 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
President	Ngar, Lucie N., Dr	445 Apollo Beach Blvd.	🗆 Add
		Apollo Beach, FL 33572	🗐 Remove
			🗋 Change
CEO	Lewis. Tracey, Dr	445 Apollo Beach Blvd.	🖻 Add
		Apollo Beach, FL 33572	🗆 Remove
			🗆 Change
		SEURET TALLE	Add
			Remove
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change

• • •

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

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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.

June 25th

2024

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Signature of a member or authorized representative of a member

Lucie Luu