L180000033394

(Requestor's Name)				
(Address)	_			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Cor	_			
EYEBIS LI	.C		`	
SUBJEC 19	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	KEION MARK			
		Name of Person		
	EYEBIS LLC			
		Firm/Company		
	2161 E. COUNTY ROAD 540A #254			
		Address		
	LAKELAND FLORIDA 3	3813		
		City/State and Zip Code		
	EYEBISLLC@GMAIL.CO	M to be used for future annual report not	(Gention)	
For further information c	oncerning this matter, please ca		meanony	
KEION MARK		484 477-2579 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYEBIS LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L18000003324	were filed on 01/04/2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2161 E COUNTY ROAD 540A #254		
(Principal office address MUST BE A STREET ADDRESS)	LAKELAND FLORIDA 33813		
Enter new mailing address, if applicable:	2161 E COUNTY ROAD 540A #254		
(Mailing address MAY BE A POST OFFICE BOX)	LAKELAND FLORIDA 33813		
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 Florida City Enter Force Florida Florida		
	City Zin Code		

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.

New Registered Agent's Signature, if changing 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>	<u>Address</u>	Type of Action
AMBR	KEION MARK	1523 CORDGRASS WAY	□Add
		LAKELAND FLORIDA 33813	≣Remove
			□Change
AMBR KEIC	KEION MARK	2161 E COUNTY ROAD 540A #254	■Add
		LAKELAND FLORIDA 33813	□Remove
			□Change
			□Add
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