## L180000 13969

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CHD II		tive Services LLC				
Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Tara S. Pellegrino, Esq.				
			Name of Person			
		Now Optics				
			Firm/Company			
3801 S. Congress Ave.						
			Address			
		Palm Springs, FL 33461				
City/State and Zip Code				• •		
		legal@stantonoptical.com				
			to be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please c	all:			
Tara S	. Pellegrino		561 293-2105 at ()			
Name of Person Area Code Daytime Telephone Number			Telephone Number			
Enclos	ed is a check for th	ne following amount:				
\$2:	5.00 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 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

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My Refractive Services 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  $\frac{1/16/18}{}$ and assigned Florida document number \_\_\_118000013969 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Now Optics Health Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_\_

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
		-	☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
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	. 191
	<del></del>
Iffective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than some of the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 (3) ements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	t 12:01 a.m. on the earlier of:
Dated September 9 . 2019	

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Typed or printed name of signee

Filing Fee: \$25.00