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COVER LETTER

Division of Cor	porations	r		
SUBJECT: <u>£ 7</u>	E BEYOND SIGName of Limit	HT, LCC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KENNET	H L THOMAS JR Name of Person	,	
	EYE BEYO	ND SIGHT, LLC Firm/Company	·	
	3240 SW 34	Address	2 (4)	
	Ocala	City/State and Zip Code 76 gma. . com to be used for future annual report notif		
	YUgin 38 E-maii address: (76 gma.\com	ication)	•
For further information of	concerning this matter, please ca			
Kenneth Name o	L Thomas J.	at (<u>352</u>) <u>304 l</u> Area Code Daytime	Y 8 / Telephone Number	
Enclosed is a check for t	he 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)	
MARI	INC ADDRESS.	STDEFT/COUDII	FR ANNRESS:	

MAILING ADDRESS:

TO:

Registration Section

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

EYE BEYOND SIGHT, L (Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 186000043638</u> .	filed on $\frac{\sigma 2}{l9}$ 20 18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	، ناست
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	(a)
	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	ity 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 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action Title** Name Address Yoshiko Thomas MGR 3240 SW 3445T APT 118 1 Add Ocala, FL 34474 DRemove __ D Change MGK Kenneth L Thomas Jr. 32 40 SW 344 APT 118 WAdd Ocala, FL 34474 Remove Add ... د) _DChange د □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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an effective date is listed, the date must	ck does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis	05.02 sted :
e record specifies a delayed The 90th day after the reco	effective date, but not an effecord is filed.	tive time, at 12:01 a.m. on the ear	lier
nted	··		
JA.	Senature of member or authorized representation of the mas of significant control of signif		

Page 3 of 3

Filing Fee: \$25.00