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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 17, 2020

MONA HERI 2201 4TH ST N STE A ST PETERSBURG, FL 33704

SUBJECT: VIP EYE CARE & OPTICAL BOUTIQUE AT CARILLON LLC

Ref. Number: L18000086592

We have received your document for VIP EYE CARE & OPTICAL BOUTIQUE AT CARILLON LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 020A00008145

COVER LETTER

Sec. 2010

TO:	Registration Sect Division of Corpo		
	Vro c	.c chaf & BRTILLA	L BOUTIENE AT CARILLON, U.C.
SUBJE	CT: <u>VIP E</u>	Name of Limite	ed Liability Company
The enc	losed Articles of A	mendment and fee(s) are subm	nitted for filing.
Please r	eturn ali correspon	dence concerning this matter to	o the following:
		Tra impli	Name of Person
		<u> </u>	Name of Person
		V.I.P. EYE	FIRM/Company
			TAELT NORTH SUITE A
			Address
		ST. PETER	SBING FL 33704 City/State and Zip Code
			City/State and Zip Code
		TS (1)	o be used for future annual report notification)
For fur	ther information co	oncerning this matter, please ca	dl:
_Dre	MONA HE	EM'	at (737) 894-0500 Area Code Daytime Telephone Number
	142116		
Enclos	ed is a check for th	ne following amount:	
□ sa	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 C		Division of Corporations
	P.O. Box 632		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee,	FL 32314	ZAID IA MICHIGO Super Sale Of C

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VI.P. RYR CARE OPTICAL BOUTIQUE AT CARTULON

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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.

If Changing Registered Agent, Signature of New 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:

- 1 }

MGR = Manager AMBR = Authorized Member 2020 MAY - 7 PM 2: 25 <u>Type of Action</u> <u>Name</u> Title 12425 28th ST. N. Suite 103 BAdd MGR POTHBERG, KAITLYN ST. PETERSBURG, FL 33716 PRemove _____ □Change 12425 aft 57 N, SuiTE 103 □Add MGR HENRI, MONA ST. PETGASBURG, FL 33716 PRemove _____ □Change 12425 28th ST.N., SHITE 1U3 DAdd OWNER HEARI', move ST. PETERS BURL, FL 33 7/6 BRemove _____ □Change ______ □Add _____ □Remove ______ □Change

2020 HAT -7 PH 2: 25	CI/O3/20>0 (optional)	tive date, if other than the date of filing: $0 \mid 0 \mid 0 \mid 0 \mid 0 \mid 0$ (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 ment's effective date on the Department of State's records. It is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a			<u> </u>	2020 1:		
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Filing Fee: \$25.00