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S. PRATHER

COVER LETTER

	egistration Se- ivision of Corp			
C 1 115 1 1 1 2 7 1	USA OPTI	CAL LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		MENASHE HAIM		
			Name of Person	
		USA OPTICAL LLC		
			Firm/Company	
		5650 STRILING RD 4		
			Address	
		HOLLYWOOD, FL 3302	1	
		LICA ORTICAL 4CQUOTA	City/State and Zip Code	
		USAOPTICAL46@HOTM E-mail address: (to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca	all:	
MENASH	Е НАІМ		954 2436644	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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 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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u> </u>
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records ida Limited Liability Company)	F)
he Articles of Organization for this Limited Liability lorida document number L18000185677	Company were filed on 08/02/2018	and assigned
	 '	·*
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
ISA OPTICALS LLC		
te new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LEC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg		enter the name of the
gistered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
	ame i maa siree ada a	
	City	

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:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		-	Change
-			
			Remove
			☐ Change
			Dbb □
			Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			
			Remove
			Change

tive date, if other than the date of filing: [(optional feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable stanutory filing requirements, this dat ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.		
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