

L19000 231 420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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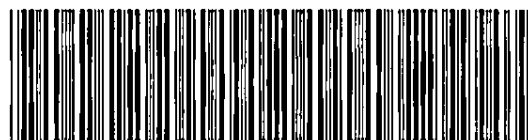
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIA EYE CARE SPECIALISTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA E RUIZ

Name of Person

L M ACCOUNTING SERVICES INC

Firm/Company

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City/State and Zip Code

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA E RUIZ

305 595-2407

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIA EYE CARE SPECIALISTS 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 09/12/2019 and assigned
Florida document number L19000231420.

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:

10870 NW 88TH TERRACE UNIT 202

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FLORIDA 33178

Enter new mailing address, if applicable:

7750 SW 117TH AVE SUITE 202

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33183

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:

LINNETT MOLINA, MGR

New Registered Office Address:

1865 BRICKELL AVENUE APT A-1104

Enter Florida street address

MIAMI

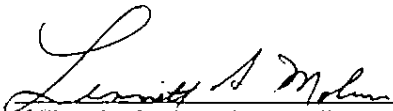
City

Florida 33129

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, 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>	<u>Type of Action</u>
MGR	AMARA AMARAWARDANA	10870 NW 88 TERRACE UNIT 202	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THARANIE AMARAWARDANA	10870 NW 88TH TERRACE UNIT 202	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINNETT M MOLINA	1865 BRICKELL AVE	<input type="checkbox"/> Add
		MIAMI, DK 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINNETT M MOLINA	1865 BRICKELL AVENUE APT A-1104	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SINGHA VISION EYECARE PA	1865 BRICKELL AVENUE APT A-1104	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SINGHA VISION EYECARE PA	10870 NW 88TH TERRACE UNIT 202	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/20/2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee