

L19000289362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

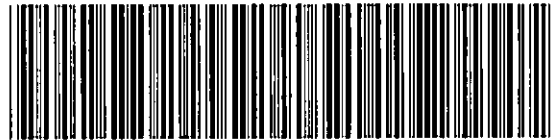
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/18/19--01003--005 \*\*25.00

12/18/2019 11:10:50 AM  
2019 DEC 17 PM 3:19  
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DEC 18 2019

M. SOLOMON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 12/16/2019

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** AMENDMENT

1. **ROBSON EYE INSTITUTE, LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROBSON EYE INSTITUTE, 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:

ROBERT P. SALTSMAN

\_\_\_\_\_  
Name of Person

ROBERT P. SALTSMAN, P.A.

\_\_\_\_\_  
Firm/Company

P.O. BOX 2146

\_\_\_\_\_  
Address

WINTER PARK, FL 32790

\_\_\_\_\_  
City/State and Zip Code

judy@saltzmanpa.com

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

For further information concerning this matter, please call:

ROBERT P. SALTSMAN, P.A.

407 647-2899  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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	MDvisory, LLC	300 North New York Avenue, Suite 1356	<input type="checkbox"/> Add
		Winter Park, Florida 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	G. Brock Magruder, M.D., P.A.	1911 N. Mills Avenue	<input checked="" type="checkbox"/> Add
		Orlando, FL 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 DEC 17 AM 10:51

FILED

Blank lined paper.

2019 DEC 17 AM 10:51

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 16, 2019

Signature of a

Signature of a member or authorized representative of a member

JOHN T. LEHR

Typed or printed name of signee