# L19000289362

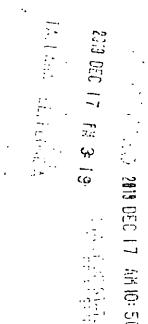
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INC.

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 U	JP: <u>12/16/2019</u>
		CERTIFIED COPY	
	ХХ	РНОТОСОРУ	
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	xx	FILING	AMENDMENT
1.		ROBSON EYE INSTITUTE.	E, LLC
		(CORPORATE NAME AND DOCUMEN	VT #)
2.			
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#### **COVER LETTER**

TO:

Registration Section

Division of Co	rporations			
ROBSON	EYE INSTITUTE, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ROBERT P. SALTSMAN	1		
		Name of Person		
	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  enum all correspondence concerning this matter to the following:    ROBERT P. SALTSMAN	I, P.A.		
		<del></del>		
	P.O. BOX 2146			
		Address		
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@saltsmanpa.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.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c} \text{ S25.00 Filing Fee & Gertificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ Division of Corporations} \text{ Division of Corporations} \text{ Division of Corporations}				
City/State and Zip Code				
	E-mail address: (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please o	all:		
ROBERT P. SALTSM	AN, P.A.			
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	-	Certified Copy	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registration Division of 0 P.O. Box 63	Section Corporations 27	Registration Sec Division of Corp The Centre of Ta	porations allahassec Street, Suite 810	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBSON EYE INSTITUTE, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000289362</u> .	pany were filed on November 21, 2019	and assigned
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 th	
Enter new principal offices address, if applicable:	1911 N. Mills Avenue	
(Principal office address MUST BE A STREET ADDRES.	Orlando, FL 32803	
		AHIO
Enter new mailing address, if applicable:	1911 N. Mills Avenue	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32803	··· <u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the n	ame of the new registere
Name of New Registered Agent: JOHN T. I	LEHR	
New Registered Office Address: 1911 N. M	Aills Avenue	
	Enter Florida street address	
Orlando	, Florida	32803
	City	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>	Type of Action
MGR	MDvisory, LLC	300 North New York Avenue, Suite 1356	
		Winter Park, Florida 32789	\BRemove
			□Change
MGR	G. Brock Magruder, M.D., P.A.	1911 N. Mills Avenue	<b>=</b> Add
		Orlando, FL 32803	□Remove
			□Change
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Effective date, if other that (If an effective date is listed, the date inserted in	ate must be specific a	and cannot be prior to	date of filing or more	than 90 days after fil	ing.) Pursuant to 605.	0207 (3)(
document's effective date on			ne statutory ming i	equirements, this d	ate will flot be liste	u as uic
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the record specifies a delayed e ford is filed.	ffective date, but n	iot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
D. 1.16		2010				
Dated December 16	111	_,	• ·			
	12/1/					
\ \ \ \		a member or authori				

Typed or printed name of signee