

120000015603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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2022 JUN -1 PM 5:48

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JUN 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2021

J. KIMBERLY DANG
7020 SW 39TH CT
DAVIE, FL 33314

SUBJECT: IDOCTRAN VISION LLC
Ref. Number: L20000015603

We have received your document for IDOCTRAN VISION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. The document should contain the Cover Letter and 3 Amendment pages. Page 2 and 3 of the Amendment are missing. Please see the attached packet for complete document.

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.

Terri J Schroeder
Supervisor

Letter Number: 221A00005931

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDOLTRAN VISION 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:

J. KIMBERLY DANG
Name of Person

REGISTER AGENT
Firm/Company

7020 SW 39TH CT
Address

DAVIE, FL 33314
City/State and Zip Code

KIMBERLYSKINCARE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. KIMBERLY DANG at 678 361-2846
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

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

IDOCTRAN VISION

2022 JUN -1 PM 5:49

(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 01/08/2020 and assigned
Florida document number L20000015603

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRANSPARENT EYECARE & ASSOCIATES LLC

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)

7020 SW 39TH CT
DAVIE, FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

J. KIMBERLY DANG

New Registered Office Address:

7020 SW 39TH CT

Enter Florida street address

DAVIE

City

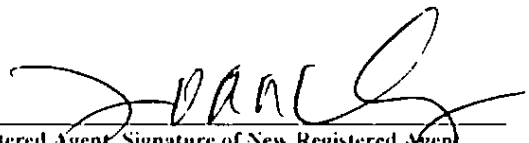
Florida

33314

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

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2022 JUN -1 PM 5:49

N/A

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

(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)

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.

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

5/4/2021

Signature of a member or authorized representative of a member

J. KIMBERLY DANG

Typed or printed name of signee