L200000 237/3

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Optical Ind	ex U.S., LLC	•	
SOBJEC	-1:	Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Darrell Wayman		
			Name of Person	
		Optical Index U.S., LLC		
		41, 81	Firm/Company	
		1534 Jenks Court		
			Address	
		The Villages/FL 32163		
			City/State and Zip Code	
		service@opticalindexus.c		
			to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	all:	
Laura V	Vayman		407 810-8168 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	ne 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 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

2020 APR 27 PH.12:1 Optical Index U.S., 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 January 16, 2020 and assigned Florida document number L20000023713 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." 1534 Jenks Court Enter new principal offices address, if applicable: The Villages, FL 32163 (Principal office address MUST BE A STREET ADDRESS) PO Box 291 Enter new mailing address, if applicable: Sumterville, FL 33585 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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 = 0 $AMBR = 0$	Manager Authorized Member		•	: 1 .	
<u>Title</u>	<u>Name</u>	Address	2020 APR 27	PH 12: 40	Type of Action
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be pock does not meet the app	licable statutory filing		ling.) Pursuant to 605.0207
record specifies a delayed effective is filed.	e date, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
April 16,	2020	·		
- Valle	1 1 , 2 , _			
- rell	Signature of a member or a	uthorized representative o	f a member	