

L20000301920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

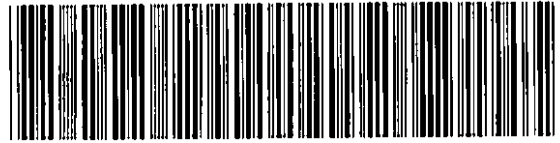
(Business Entity Name)

(Document Number)

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DATE: 9/14/21

NAME: WH FL OPTOMETRY PLLC

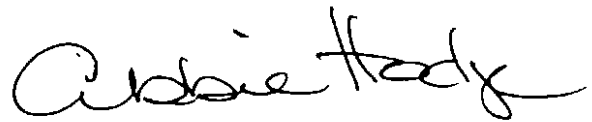
TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIL FL OPTOMETRY PLLC
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:

CHARLOTTE M ROORK
Name of Person
MCDERMOTT WILL & EMERY LLP
Firm/Company
444 W LAKE ST STE 4000
Address
CHICAGO IL 60606
City/State and Zip Code
CROORK@MWE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLOTTE M ROORK 312 899-7286
Name of Person at () Daytime Telephone Number
Area Code

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 checked="" 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

WH FL OPTOMETRY PLLC

(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 09/24/2020 and assigned
Florida document number L20000301920.

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:

(Principal office address MUST BE A STREET ADDRESS)

702 SW 8TH ST

MSC 0215

BENTONVILLE, AR 72716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

702 SW 8TH ST

MSC 0215

BENTONVILLE, AR 72716

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

Florida

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

Title	Name	Address	Type of Action
ASSISTANT CHIEF ADMINISTRATIVE OFFICER	READING, DAVID	702 SW 8TH ST MSC 0235	<input type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ASSISTANT CHIEF ADMINISTRATIVE OFFICER	SARAH LITTLE	702 SW 8TH ST MSC 0215	<input checked="" type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER/ PRESIDENT	MOHEEPUH, GLENDA	702 SW 8TH ST MSC 0215	<input checked="" type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CHIEF ADMINISTRATIVE OFFICER	BYNUM, AMBER	702 SW 8TH ST MSC 0215	<input type="checkbox"/> Add
		BENTONVILLE, AR 72716	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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