120000 307815

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Conflict Contract Con
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

	Registration So Division of Co						
C1:01F7	EYE MVN	INT LLC					
SUBJEC	.1:	Name of Lin	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Danna Ore Torres					
			Name of Person				
	Firm/Company						
		1600 nw 16th ct					
			Address				
		Fort Lauderdale				2	
			City/State and Zip Code	. ==		021	
		eyemvmnt@gmail.com				330	165
For furth	er information c	n-mail address:	to be used for future annual report notificati	on)		2021 DEC 16	1. £
		oncerning this matter, preuse c				PH	
Danna O	re Torres		954 8226628 at ()		,	2։ էկ	
	Name o	f Person	Area Code Daytime Tel	ephone Number	10	±_	
Enclosed	is a check for t	ie following amount:					
■ \$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60,00 Fi Certificat Certified (additional	te of Stati Copy	us &	
	Mailing Addres Registration S	Section	Street Address: Registration Section				
	Division of C	orporations ————————————————————————————————————	Division of Corpora	ations			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



FLORIDA DEPARTMENT OF STATE 20? 1 PTC 15 At 7:37 Division of Corporations

Letter Number: 421A00028705

November 30, 2021

DANNA ORE TORRES 1600 NW 16TH CT FORT LAUDERDALE, FL 33311

SUBJECT: EYE MVMNT LLC Ref. Number: L20000307815

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

The registered agent must sign accepting the designation.

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.

TERARRA A SIMMONS OPS

www.sunbiz.org

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION **OF**

Al	RTICLES OF AMENDI TO	
AR	TICLES OF ORGANIZ	CATION / E K
	OF	
EYE MVMNT LLC		
(<u>Name</u> of the Lit	nited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.1 09/29/2020 and assigned
The Articles of Organization for this Limited Florida document number 1.20000307815	Liability Company were filed on	99/29/2020 and pasigned and pasigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	-	y here:
The new name must be distinguishable and contain the Enter new principal offices address, if appl	icable:	he designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on ou ess here:	r records, enter the name of the new registered
Name of New Registered Agent:	Danna Ore Torres	
New Registered Office Address:	1600 nw 16th ct	
	Enter	Florida strvet address
	Fort Lauderdale	, Florida ³³³¹¹
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 Regis

·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>	Address	Type of Action
MGR	Danna Ore Torres	1600 nw 16th et Fort Lauderdale FL 33311	■ Add
			DRemove
			CChange
AMBR	Melissa Erazo Castellanos	1600 nw 16th et Fort Lauderdale FL 33311	= Add
			□Remove
			□ Change
			
			□Remove
		-n	[] Change
			□Add
			□Remove
			□ Change
 _			□Add
			TRemove
			TChange
·			II Add
		-	PRemove
			I Chanae

	
	
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ffective	e date, if other than the date of filing:
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	October 15 2021.
	16 Mi Lyn
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00