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ELITE VISION MIAMI LLC	-1
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Thank you Seth Neeley	
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TO: Registration S Division of Co		
	ISION MIAMI, LLC	
SUBJECT:	Name of Lin	aited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	oondence concerning this matter	to the following:
	MICHAEL SARABJIT C	PA
		Name of Person
	MIKE'S TAX AND ACC	OUNTING, INC.
		Firm/Company
	269 N. UNIVERSITY DR	IVE, SUITE B
		Address
	PEMBROKE PINES, FL	33024
		City/State and Zip Code
	MICHAEL_SARABJIT@	
		to be used for future annual report notification)
For further information	concerning this matter, please c	all:
MICHAEL SARABJIT		954 893-1399 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ELITE VISION MIAMI, LLC

DocuSign Envelope ID: 26E32157-E9F1-4E39-8EB2-2092CA9423C1 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company vi Florida document numberL21000319758	vere filed on JULY 13. 2	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET ADDRESS)		- (.a.) (<u>:</u>
		ω
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ω
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	Idress on our records,	enter the name of the new registered
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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 26E32157-E9F1-4E39-8EB2-2092CA9423C1 in amending Authorized rerson(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	MILES J GLASSER	1725 WHITEHALL DRIVE	■Add
		APT #204	□Remove
		DAVIE, FL 33324	
			□Add
			□Remove
			□Change
			🖸 Add
			Remove
			🗀 Remove
			□Change
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