## 121000529373

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	SSY OPTHAL	MOLOGY LLC imited Liability Company	
	Name of L	imited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
	R. Lanse F	Name of Person	
	<u>55% (57)</u>	+THALMOLOGY LLC	<u> </u>
	207 (	onn WAY Address	
	Viceo	Beact Ft 3296 City/State and Zip Code	3 Toke TAN -6 AM II: 07
	Lanse. Po	daett @ gmail . Con	fication)
For further information	concerning this matter, please	call:	ANII.
P. Lanse	Padge II of Person	at ( <u>772</u> ) <u>473</u> — Area Code Daytim	3472 Fin 9
Enclosed is a check for	the 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 Addre		Street Address:	
Registration		Registration Se	
Division of 6 P.O. Box 63	Corporations	Division of Cor The Centre of T	•
r.Q. D0x 03	<i>≟ 1</i>	THE CERTIE OF I	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SSK OPTHALMOLO (Name of the Limited Liability Comp (A Florida Limited	any adit now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21600529373</u> .	were filed on 12/16/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	LC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	72
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	<u></u>
	Enter Florida street address
<u></u>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
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(ii an eii <u>Note:</u>	ve date, if other than the date of filing:
ne recor ord is fil	I 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 ed.
Dated	January 3. 2022.
	January 3 . 2022.  Responsible to a member of a member
	Robert L. Padgett Typed or printed name of signee