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Office Use Only



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COVER LETTER

TO:

O: Registration Section Division of Corporations			. • •	
			٠,	
FRI Orland	o Holdings, LLC	8.		
-	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	David J. Davidson			
		Name of Person		
	The Florida Healthcare lav	v Firm		
		Firm/Company		
	151 NW 1st Avenue			
	-	Address	·~;	
	Delray Beach, FL 33444		e _	
		City/State and Zip Code	:	
	dave@floridahealthcarelaw		-	
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:	·. 0	
David J. Davidson		561 455-7700 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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 S		<u>Street Address:</u> Registration Se	rction	
Registration Section Division of Corporations		Division of Co		
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRI Orlando Holdings, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000174014</u> .	were filed on April 11, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		m. 3
· · · · · · · · · · · · · · · · · · ·		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		10
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
-	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRI Retina Holdings, Inc.	95 Columbia Street	\equiv Add
		Orlando, FL 32806	□Remove
			□Change
AMBR Flori	Florida Retina Institute, James A. S	95 Columbia Street	
		Orlando, FL 32806	
			☐Change
			
			Change
			□Add
			□Remove
			Change
			□Add
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ective date, if other t	han the date of fil	ing:		(optiona	l)
n effective date is listed, the te: If the date inserted it turnent's effective date	n this block does no	ot meet the applicab			
cord specifies a delayed s filed.	effective date, but	not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
December 23		- : 2022			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ノヘントカー		

Typed or printed name of signee