Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 : (954)697-0130 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sales@eloenterprises.us

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EYE FLORIDA CARE, LLC

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10L 25 2022 T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYE FLORIDA CARE, LLC			
(Name of the Limited Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 07/06/2022  Florida document number L22000299453	a	nd assigned	l
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 "I	LLC" or the abbreviat	ion "L.L.C."	_
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>		_
<del></del>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here:  Name of New Registered Agent:	ter the name of the	ne new regi	sterec
		=	_
New Registered Office Address:  Enter Florida street add	dress C	. <u>                                     </u>	
	Florida	)	EU
New Registered Agent's Signature, if changing Registered Agent:	21 <b>p</b> C 22	Code 2:	
I hereby accept the appointment as registered agent and agree to act in this capacity. I provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 60	, and I am familio	comply will ar with and	th the

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.

07/22/2022 12:10 (FAX) P.003/004

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	<u>Name</u>	Address	Type of Action
MGR	ADRIANO PIAI OZORES	2704 NW 75th ST	<b>≣</b> Add
		BOCA RATON, FL 33496	□Remove
			☐ Change
			□Add
			□Remov <del>e</del>
			☐ Change
	<del></del>		
			□Remove
		·	Change
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change

. . . .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_\_ 2022 Adriano Ozores Adriano Ozores (Jul 21, 2022 13:54 EDT) Signature of a member or authorized representative of a member ADRIANO PIAI OZORES - MGR

Typed or printed name of signee