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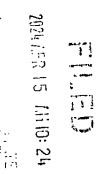
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COVER LETTER

то:				
SUBJI	ECT:	Marissa	Imrit LLC	
		Name of Lim	ited Liability Company	-
The en	iclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Maris	sa Imit	
	closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Marissa Inc. t			
			Firm/Company	
		3823 Wood	Reld Dr.	
			Address	irm/Company Dr. Address FL 3303 State and Zip Code The Address Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
		Coconut C	City/State and Zip Code	
		P-mail address: (to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please c	all:	
7	Marissa T	Inrit	at (954) <u>857-</u>	4941
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for the	he following amount:		
□ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
				
		-	The Centre of	Tallahassee
	Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTIC	CLES OF: OF OF	RGANIZATION	FUEN
Marissa (Name of the Limited	Liability Compan Florida Limited Lin	v as it now appears on our records.) ability Company)	F/1 ED 2024 KFP 15 Kii 10: 24
The Articles of Organization for this Limited Liab	oility Company v		•
Florida document number <u>L32000476</u>	<u> 428</u>		
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of t	he limited liab <u>il</u>	ity company here:	
Mi Vision Optomet The new name must be distinguishable and contain the work	ds "Limited Liabilit	y Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	same as above	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:		same as above	and the second s
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		ldress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		Flori	da
		, Flori	Zin 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 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 ____ Change _____ Change ____ Remove _____ Change ____ □Add _____ Change ____ □Add

_____ □Remove

_____ Change

Fective date, if other than the date of filing: (optional) (opti						
neffective 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 605.020' te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Second 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 is filed.	.==					_
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Signature of a member or authorized representative of a member	red_Februar	7 12	. <u>BOBU</u> .			
		M d Signature of	west a member or authorize	d representative of a membe	<u>-</u>	

Filing Fee: \$25.00



February 5, 2024

MARISSA IMRIT 3823 WOOFFIELD DR. COCONUT CREEK, FL 33073

SUBJECT: MARISSA IMRIT LLC Ref. Number: L22000476834

We have received your document for MARISSA IMRIT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00002410



March 6, 2024

MARISSA IMRIT 3823 WOODFIELD DR. COCONUT CREEK, FL 33073

SUBJECT: MARISSA IMRIT LLC Ref. Number: L22000476834

We have received your document for MARISSA IMRIT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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.

Anissa Butler Regulatory Specialist II

3/18

Letter Number: 524A00004847



March 28, 2024

MARISSA IMRIT 3823 WOODFIELD DR. COCONUT CREEK, FL 33073

SUBJECT: MARISSA IMRIT LLC Ref. Number: L22000476834

We have received your document for MARISSA IMRIT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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.

Letter Number: 624A00006685

Anissa Butler Regulatory Specialist II

Dec 4/15