(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
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### WALK IN

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	PICK U	P: Cat 6/1
XX XX	CUS	LLC AMEND
1.	EYELUMINATE VISION (CORPORATE NAME AND DOCUMEN	
2.	(CORPORATE NAME AND DOCUMEN	UT #)
3.	(CORPORATE NAME AND DOCUMEN	IT #)
4.	(CORPORATE NAME AND DOCUMEN	VT #)
5.	(CORPORATE NAME AND DOCUMEN	VT #)
6.	(CORPORATE NAME AND DOCUMEN	VT #)
SPECIA INSTRU	AL UCTIONS:	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYELUMINATE VISION SERVICES, LLC	7d24 mm	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	7/17 3 1/100 mpany as it now appears on our records.) ted Liability Company)	7 7.11 9: 24
e Articles of Organization for this Limited Liability Compa		-
	any were med on	
orida document number L23000107760		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
te new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
Tuning undress mat BE A 1 051 01 11CE BON		
. If amending the registered agent and/or registered off	ice address on our records, enter th	ne name of the new regist
ent and/or the new registered office address here:	Re address on var records, enter a	
Name of Name Bankstoned Agants		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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 amending Anthorized 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>	<u>Address</u>	Type of Action
AMBR	33 PERCENT LLC	1780 POLK ST	□Add
		HOLLYWOOD, FL 33020	■Remove
			☐Change
AMBR	33 PERCENT HOLDINGS LLC	6555 NOVA DR, STE 304	
		DAVIE, FL 33317	Remove
			☐ Change
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date mote: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to block does not meet the applical	(option date of filing or more than 90 days after ble statutory filing requirements, this	r filing.) Pursuant to 605.020
record specifies a delayed effect d is filed.	tive date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b	) The 90th day after the
Dated	. 2023	_·	
/S/ELLIOTT	TEITELBAUM	rized representative of a member	