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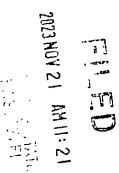
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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
SUBJECT: EyeQ Insp	pection, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Edward R. Gaudette		
		Name of Person	
	EyeQ Inspection, LLC		2
		Firm/Company	023
	9914 Sage Creek Dr		100
		Address	
	Sun City Center, Florida 3	3573	2023 NOV 21 AM 11: 2
		City/State and Zip Code	27
	egaudette@eyeqinspection.		<u> </u>
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Edward R. Gaudette		813 773-5815 at ()	
Name (of Person	Area Code Daytime Telephone 8	Vumber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EyeQ Inspection, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 6, 2023 and assigned Florida document number $\underline{\frac{1.23000502356}{}}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EyeO Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	<u>Address</u>	Type of Action
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			□Remove
			□Change
			🗆 Add
			Remove 7023HOV 2
		27. CT	2023HOV 2 Add AH 11R21
			□Change
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Receive date, if other than the date of filing: (optional) (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 of the first o				 	_	
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