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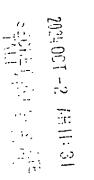
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations		
EYES COL	OR LAB		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LAZARO ZALDIVAR		
		Name of Person	<del></del>
	EYES COLOR LAB		
		Firm/Company	
	35 PONCE DE LEON BL	VD	
		Address	
	MIAMI		
	L ZALDWAR OFWICE	City/State and Zip Code	
	L.ZALDIVAR@EYESCO	LORLAB.COM  to be used for future annual report notification	n) >
For further information c	oncerning this matter, please c	·	
LAZARO ZALDIVAR		305 986-3264 at ( )	
Name o	f Person		phone 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stree Tallahassee, FL 3230	tions aassee eet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYES COLOR LAB		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records, nited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/15/2024	and assigned
Plorida document number L24000225985		
his 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 "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>s</u> ,	
		~2
		(C. 152)
Enter new mailing address, if applicable:		三
Mailing address MAY BE A POST OFFICE BOX)		72
But and but an		
B. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, enter t	he name of the new-regist
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	, Floi	
	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 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
AMBR	JORGE CESAR BRUNO	3910 ALHAMBRA CT	<b>≣</b> Add
		CORAL GABLES, FL 33134	□Remove
			□Change
AMBR	ELVIS MONS	35 PONCE DE LEON BLVD	□Add
		MIAMI, FL 33135	■Remove
			□ Change
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fective date,	if other than the	date of filing	09/12/2024		(	optional)	
in effective date:	is listed, the date must inserted in this bl	st be specific and o	cannot be prior t	to date of filing of	more than 90 days	s after filing.) Pu	irsuant to 605.020 Il not be listed a
cument's effec	tive date on the D	epartment of St	ate's records.				
ecord specifies is filed.	a delayed effectiv	e date, but not a	an effective tir	ne, at 12:01 a.r	a. on the earlier	of: (b) The 9	0th day after the
ited	09/12/24	<i>!</i>					
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