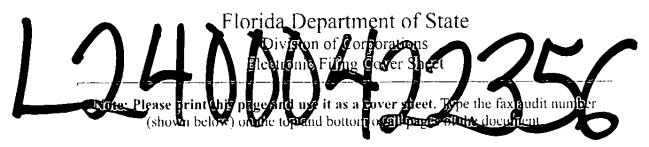
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Division of Corporations



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To:

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From:

Account Name : DUANE MORRIS LLP Account Number : I19990000059 Phone : (305)960-2217

Fax Number : (305)397-2683

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

Email Address: ____Jessica.LaRue@eyemdemr.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABILLIFEYE ACQUISITION COMPANY, LLC

Certificate of Status	1	
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M. SOLOMON

OCT 15 2024

Electronic Filing Menu Corporate Filing Menu

Help

From: Tera Miller

2024-10-15 13:45.52 EDT

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

OF

ABILLIFEYE ACQUISITION COM (Name of the Limited (A)		nipany as it now appears on our reted Liability Company)	cords.)
The Articles of Organization for this Limited Liab	bility Comp	any were filed on October 7, 20	224 and assigned
Florida document number L24000422356	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited_	liability company here:	
ABILLIFEYE, LLC			
The new name must be distinguishable and contain the wor	ds "Limited L	iability Company," the designation "	LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicat	ole:	N/A	750 24 00 ***
Principal office address MUST BE A STREET	ADDRESS	ù <u></u>	——————————————————————————————————————
			<i>5</i> 55
Enter new mailing address, if applicable:		<u>N/A</u>	
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		m vi
 If amending the registered agent and/or registered office address 		ice address on our records, <u>er</u>	iter the name of the new regis
Name of New Registered Agent:	N/A		
Name of New Registered Agent.			
New Registered Office Address:	N/A	Enter Florida street ac	ldress
			, Florida

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.

From: Tera Miller

Page:,4 of 5 2024-10-15 13:45.52 EDT 15615166320 From: Tara
Docusign Envelope ID. 41FFDED8-A6D0-4195-A78B-B096D5CF3E66
H amending Authorized rerson(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>	Name	Address	Type of Action
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			□ Remove
			□Change
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			□Remove
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Tective date, if other the an effective date is listed, the d	an the date of fi	ling:	to date of filing or	(0) more than 90 days a	ptional) fter filing) Pursu	ant to 605 (12)
ote: If the date inserted in	this block does no	ot meet the applica	able statutory fil	ing requirements,	this date will no	ot be listed a
ocument's effective date or	the Department of	of State's records.				
ecord specifies a delayed of is filed.	:ffective date, but	not an effective til	me, at 12:01 a.m	n, on the earlier of	: (b) The 90th	day after the
October 10		2024				
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