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2025 FEB 21 AM 9: 04 SECREDANY DE STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	er OD PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin Waller		
		Name of Person	
	Justin Waller OD PLLC		
		Firm/Company	
	2830 N Hiawassee Road		
		Address	
	Orlando, FL 32818		
		City/State and Zip Code	
	drjustinwaller@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Alexzander Gonano		772 464-1032	
Name o	t Person	Area Code Daytin	ne Telephone 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)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632		The Centre of	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Justin Waller OD PLLC

2025 FEB 21 AM 9: 04

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on ou liability Company)	SECRE LARY OF STATE
		TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1/9/25}{}$	and assigned
Florida document number L25000017858		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2830 N. Hiawassee Ro	ad
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32818	
B. If amending the registered agent and/or registered office a	address on our records	s, 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 stre	et address
		, Florida
	Chy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	nties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Justin Waller		
			□Remove
		2830 N. Hiawassee Road, Orlando, FL 32818	≡ Change
			□Add
			∐Remove
			Change
			□Add
			⊟Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□ Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
If an effect Note: If	e date, if other than the date of filing:
e record s rd is filed	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 l.
Dated	2/10/25
	2/18/25, 15/ Justing Willer Signature of a member or authorized representative of a member
	Justin Walter Typed or printed name of signee