P03000128482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800025646098

12/22/03--01084--012 **35.00

FILED
04 JAN 12 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 1/14/04 DR

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 2, 2004

LORI A MAZZA O.D.
FAMILY VISION CENTER
6802 FOREST HILL BLVD
WEST PALM BEACH, FL 33413

SUBJECT: LM EYE CARE, P.A.
Ref. Number: P03000128482

We have received your document for LM EYE CARE, P.A. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign your document and return for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 604A00000056

1/7/04 - Signed & Returned. LMazza OD.

RECEIVED
04 JAN 12 AM 9:38
DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lm Eyecare P.A.

DOCUMENT NUMBER: P03000128482

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori A Mazza O.D.
(Name of Person)

Family Vision Center
(Name of Firm/ Company)

6802 Forest Hill Blvd.
(Address)

West Palm Beach, FL 33413
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Lori A Mazza O.D. at (561) 439-2020
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED

04 JAN 12 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to
Articles of Incorporation of

LM Eyecare P.A.

(Name of corporation as currently filed with the Florida Dept. of State)

P03000128482

(Document number of corporation, if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its articles of incorporation:

NEW CORPORATE NAME (if changing):

Family Vision Center P.A.

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Article 1 - Name change to Family Vision Center P.A.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: Dec. 17, 2003

Effective date, if applicable: January 1, 2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☑ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 17th day of December, 2003.

Signature Lori A. Mazza O.D.
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lori A. Mazza O.D.
(Typed or printed name of person signing)

Director/President
(Title of person signing)

FILING FEE: $35