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TALLASASSEE, FL

R. WHITE

DEC 1 7 2018

018 DEC 10 AM 1: 45

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Kendall Eye Institu	ite Inc	
DOCUMENT NUMBE	P06000123321		
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
C	laudia Hamburger		
	<del></del> <del>_</del> _	Name of Contact Persor	1
К	endall Eye Institute Inc		
_	<u> </u>	Firm/ Company	
8	501 SW 124 Ave #109		
-		Address	
Ν	tiami, FL 33183		
<del>-</del> -		City/ State and Zip Code	8
claudia	nh14@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
U. se ficethor information	concerning this matter, pleas	so cult	
ror furmer autornation	concerning this matter, preas	st Carr.	
Claudia Hamburger		at (	496-0882
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	he following amount made	payable to the Florida Depa	nrtment of State:
S35 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 Certified Copy (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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Kendall Eye Institute Inc			2018 DEC 10 AM 1:15	
(Name)	of Corporation as currently	filed with the Florid	a Dept. of State)	
P06000123321			SECRETARY A STATE	
	(Document Number of C	Corporation (if known		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	loridu Profit Corpora	tion adopts the following amendr	nent(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The ne	ew.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp." "Inc." or "Co	o". A professional c		
B. Enter new principal office address, (Principal office address MUST BE A S				-
				<del>-</del>
				-
C. Enter new mailing address, if apple (Mailing address <u>MAY BE A POST</u>				-
				•
				•
<li>If amending the registered agent an new registered agent and/or the new registered agent and/or the new registered.</li>		ss in Florida, enter t	he name of the	
	Claudia Hamburger			
Name of New Registered Agent	8501 SW 124 Ave #109 Mia			
	(Florida stree			
V n + 100 11	8501 SW 124 Ave #109 Mia		33183	
New Registered Office Address:		.itv)	, Florida (Zip Code)	-
New Registered Agent's Signature, if e I hereby accept the appointment as regist		th and accept the obli	gations of the position.	
	Signature of New Res	gistered Agent, if char	iging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Harry Hamburger, M.D.	8501 SW 124 Ave #109
Add	<u> </u>		Miami, FL 33183
x Remove			
2) Change	P,D,T	Claudia Hamburger	8501 SW 124 Ave #109
. Add			Miami, FL 33183
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

//A	additional sheets, if necessary). (Be specific)
<u>lf an</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)
/A	
-	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file	c date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory tifing requiredocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	llowing statement ndment(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 action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.  Dated  Dated	shareholder
Signature \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
Claudia Hamburger	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	