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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	FLORIDA FAMILY VI	ISION CAP	RE, INC.	
DOCUMENT NUMBER:	P14000088955			
The enclosed Articles of Amendm	ent and fee are submitted t	for filing.		
Please return all correspondence co	oncerning this matter to the	following:	:	
	MATHEW	RODRIGU	JEZ	
	Name	of Contact	t Person	,,
	FLORIDA FAMI	LY VISIO	N CARE	
	F	irm/ Comp	any	
	7792 DEEK	CREEK CO	OURT	
		Address		
	DAVIE, FL	33328		
	City/	State and Z	Cip Code	
	mrodrig	guezod@gn	nail.com	
E-mail	address: (to be used for fu	ture annual	report no	tification)
For further information concerning	this matter, please call:	q	954	746-7801
Name of Contact P	ercon	at ()	& Daytime Telephone Number
Enclosed is a check for the followi				•
	ficate of Status Cert (Add	.75 Filing F ified Copy litional copy osed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion corations		Division of Clifton Bu 2661 Exe	ent Section of Corporations

Articles of Amendment Articles of Incorporation of

	to Articles of In	corporation	2017 NOV of State 6 P 3 89
FLORIDA FAMILY VISION CARE, IN	of C.		2010 100
(Name o	of Corporation as current	dy filed with the Florida Dept. (of State) 6
P14000088955		ابر/	~ 3 aa
	(Document Number of	of Corporation (if known)	The state of the s
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
CLARITY VISION CENTER, INC.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporati	on name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		DAVIE, FLORIDA 33328	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST		7792 DEER CREEK COUR	CT
		DAVIE, FLORIDA 33328	
D. If amending the registered agent an new registered agent and/or the new	v registered office addres	<u>s:</u>	of the
Name of New Registered Agent	MATTHEW RODRIGUE	EZ	
	7792 DEER CREEK COURT		
	(Florida si	reet address)	-
New Registered Office Address:	DAVIE	, I	Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

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	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jone	<u>:s</u>	
<u>X</u> Add	<u>sv</u>	Sally Smit	<u>ıh</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>Same</u>	<u>Addres</u> s
1) X Change	Р	Ν	MATTHEW RODRIGUEZ	7792 DEER CREEK COURT
Add			, 	DAVIE, FLORIDA 33328
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f an amendment provides for an 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) N/A		ts, if necessary). (Be	specific)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			N/A		
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•	OCTOBER 1, 2018	
The date of each amendment(s) a		, if other than the
date this document was signed.		
	DATE OF FILING	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	ent file aate)
Note: If the date inserted in this I document's effective date on the Do	plock does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast officient for approval.	t for the amendment(s)
	proved by the shareholders through voting groups. See each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by	(voting group)	,,,
	(voting group)	
action was not required.	opted by the board of directors without shareholder action	
•	101/18	
<u> </u>	lirector, president or other officer - if directors or of	ficers have not been
	d, by an incorporator – if in the hands of a receiver,	
	ted fiduciary by that fiduciary)	
	MATTHEW RODRIGUEZ	
	(Typed or printed name of person signing	ng)
	PRESIDENT	
	(Title of person signing)	