## P9900059423

Office Use Only



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## **COVER LETTER**

	legistration So Division of Co					
eath irze	West Coas					
SUBJEC'	ı:	nited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		Lucie Luu				
			Name of Person			
		<del></del>	Firm/Company			
		445 Apollo Beach Blvd.				
			Address			
			City/State and Zip Code			
executive@mobileeyecare.com						
For further	information c	E-mail address: ( concerning this matter, please c	to be used for future annual report notification) all:			
Lucie Luu Name of Person			813 732-2747 at ()			
			Area Code Daytime Telephone Number			
Enclosed is	s a check for the	he following amount:				
\$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address:			
			Registration Section  Division of Corporations			
			Division of Corporations			
			The Centre of Tallahassee			
			2415 N. Monroe Street. Suite 810			

Tallahassee, FL 32303



October 15, 2024

LUCIE LUU 445 APOLLO BEACH BLVD APOLLO BEACH, FL 33572

SUBJECT: WEST COAST MOBILE EYE CARE, INC.

Ref. Number: P99000059423



We have received your document for WEST COAST MOBILE EYE CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are returning your check for \$35.00 to be replaced by one in the correct amount of \$10.00.

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) 245-6050.

Letter Number: 024A00015253

SHANTELL BROWN Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation

of

West Coast Mobile Eye Care Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P9900059423
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Lucie N. Luu
(Floridu street address)  HAS Apollo Beach Blvd  (Floridu street address)
(Floridu street address)
New Registered Office Address: Prolo Beach, Florida, 1735/1
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Sum I
Signature of New Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT John D	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>imith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEO	Ngar, Lucie N., Dr	445 Apollo Beach Blvd Apollo Beach, FL 33572
Add			Hpollo Deach, FL 335/2
Remove	<b>~</b> 2	, , , , , )	
2) Change	CEO	Lun, Lucie N.	445 Apollo Beach Blvd
X Add			Apollo Beach, FL 33572
Remove 3) Change	<u>000</u>	Hluhan, Sheri	1445 Apollo Beach Blvd
Add			Apollo Beach + 1335/
Remove			Apollo Beach FL33572
4) Change			17.10 O
Add			299 H 117
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	<del></del> -
	<u> </u>
an amendment provides for an exchange, reclassification, or cancellation of issued sha	res,
an amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	20 S
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The date of each amendment(s) ad-	option:	<del></del>		, i	f other than the
date this document was signed.		2 -th	0000		
Effective date if applicable:	June	ر کے	2024		
	(no more than 9	0 days after amendn	rent file date)		
Note: If the date inserted in this ble document's effective date on the Dep		cable statutory filing	g requirements, the	his date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or	board of directors w	ithout shareholde	er action and sha	reholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		e number of votes ca	ast for the amend	ment(s)	
☐ The amendment(s) was/were appromust be separately provided for e	roved by the shareholders threach voting group entitled to	ough voting groups.  vote separately on t	The following s. he umendment(s)	tatement ;	
"The number of votes east f	or the amendment(s) was/wo	ere sufficient for app	roval		
by		<u> </u>	·"		
	(voting group)				
(By a di	June 25th June Lector, president or other offi	2029	officers have not	been	
	, by an incorporator - if in the fiduciary by that fiduciary		a, trustee, or othe	ii court	
	LUCIE				_
•	(Typed or printed	name of person sign	ning)		-
	(F.O				
	(Title of person s	igning)		202 SE	<del></del>
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