V3726/

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
	·	
(Cit	ty/State/Zip/Phone	∋ #)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

577151011-01-057	50.000		
NAME OF CORPO	RATION: J. HARRIS	LEVY, M.D., P.	A
DOCUMENT NUM	IBER: V37261		
	s of Amendment and fee are su	ebmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Jonathan J. Licht	man	
		Name of Contact Person	n
	Jonathan J. Licht	man, P.A.	
		Firm/ Company	
	20283 State Roa	• •	
		Address	
	Boca Raton, FL		
		City/ State and Zip Cod	
		•	-
ma	ary@levinsonlichtn		
 -	E-mail address: (to be us	sed for future annual report	notification)
For further in. ormatic	on concerning this matter, pleas	se call:	
Jonathan J.	Lichtman	at (561	869-3600
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations
	llahassee, FL 32314		Building executive Center Circle
		Tallaha	assee, FL 32301

Articles of Amendment to Articles of Incorporation of

J. HARRIS LEVY, M.D., P.A.		
(Name of Corporation as currently filed with the Florida	a Dept. of State)	
V37261		
(Document Number of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	da Profit Corporation adopts the following amo	endment(s) to
A. If amending name, enter the new name of the corporation:		
RETINA ASSOCIATES OF MIAMI, P.A.	The	new
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbrev A professional corporation name must conta	iation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	5	7s 1
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address;	Florida, enter the name of the	FILED AND FILED TARY OF STATE ASSEF, FLORID
Name of New Registered Agent		25 PATE DRID
(Florida street ad	dress)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am famillar with a	nd accept the obligations of the position.	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add Remove		·	
2) Change			
Add Remove			
3) Change	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove		-	
6) Change			
Add		-	
Remove			

date this document was signed.		, it office than t
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	1/8/14	
Signature	TACK	
	rector, president or other officer if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	JAY HARRIS LEVY, M.D.	
•	(Typed or printed name of person signing)	_
	Director	
•	(Title of person signing)	