I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAWAN FARAH

I

MANAGER

Certificate of Status Desired: No

FEI Number: 87-1533137

Name and Address of Current Registered Agent:

FARAH, RAWAN J 11777 LAKE LUCAYA DRIVE RIVERVIEW, FL 33579 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	GNATURE: RAWAN FARAH			03/20/2024	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	DEPASQUALE, CATHRINE E	Name	FARAH, RAWAN E		
Address	11531 LAKE LUCAYA DRIVE	Address	11777 LAKE LUCAYA DRIVE		
City-State-Zip:	RIVERVIEW FL 33579	City-State-Zip:	RIVERVIEW FL 33579		

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000260711

Entity Name: OPTIX EYE CARE, LLC.

Current Principal Place of Business:

11422 S US HIGHWAY 301 RIVERVIEW, FL 33578

Current Mailing Address:

11422 S US HIGHWAY 301 RIVERVIEW, FL 33578 US

03/20/2024

FILED Mar 20, 2024 Secretary of State 6263749582CR

Date