DOC ID ----> 202010403190

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/13/2020	202010403190	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

C T CORPORATION SYSTEM
4400 EASTON COMMONS WAY SUIE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

1134004

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

COLUMBUS EYEWORKS, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
LIMITED LIABILITY COMPANY - AMENDMENT	**202010403190**

Effective Date: 04/13/2020

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of April, A.D. 2020.

Ohio Secretary of State

DOC ID ----> 202010403190

Form 543A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

02/17/2000
Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

MM/DD/YYYY
Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

DANIEL J. KOCH, O.D., LLC
Name of Limited Liability Company

1134004
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Columbus Eyeworks, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

DANIEL J. KOCH, O.D.
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name