

# LD9000056291

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

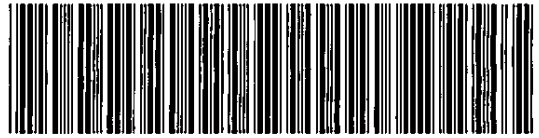
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/31/09--01030--016 \*\*25.00

**FILED**  
2009 AUG 31 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
SEP 12 2009  
**EXAMINER**

T&A LASER, LLC.



2578 Clark Street  
Unit # 3  
Apopka, Florida 32703  
Phone : (407) 296-0224  
Fax: (407) 296-0226

Florida Department of State

August 29, 2009

Please find enclosed the proper paperwork to amend T&A Laser Limited Liability Company to T&A Laser, LLC.  
I have also enclosed a check for the Filing Fee of \$ 25.00 Check # 1051.

Should you have any questions please do not hesitate to contact me at the above phone number.

Sincerely,

A handwritten signature in black ink, appearing to read "Audrey Beck", is written over a large, stylized loop that extends from the signature down towards the typed name below.

Audrey Beck  
Owner  
T&A Laser, LLC.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T+A LASER, Limited Liability Company  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AUDREY BECK  
Name of Person

T+A LASER, Limited Liability Company  
Firm/Company

2578 CLARK Street Unit #3  
Address

Apopka, Florida 32703  
City/State and Zip Code

Audreybeck@Att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUDREY BECK at (407) 296-0224  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TJA LASER, Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 9, 2009 and assigned  
Florida document number LC9000056291

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TJA LASER, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

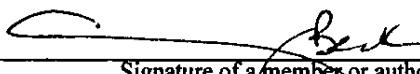
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 29, 2009.

  
Signature of a member or authorized representative of a member  
AUDREY BELL  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA