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D. BRUCE
APR 0 1 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT. Lazer Communications LLC	
SUBJECT: Name of Limited Liability Company	<del></del>
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:	
Scott Elevide	
Name of Person	
LAZER COMMUNICATIONS, LLC	
Firm/Company	<del></del>
650 14th AU SOUTH	
Address	
SAFETY HARBOR FL 34695	
becalazer a acl. Con	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ASSI
SCOTT ELERICK at 727, 224 153	3/ RS R M
Name of Person Area Code & Daytime Teleph	none Number ORIDA
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status 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

LAZER COMMUNICA	TIONS, LL	C
( <u>Name of the Limited Liability C</u> (A Florida Lin	company as it now appenited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 0400004561</u>	npany were filed on _	/
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company h	ere:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	25 =
		AND HA
		ASS 3
Enter new mailing address, if applicable:		me T
(Mailing address MAY BE A POST OFFICE BOX)		TES TI
		RA NO
and the second second	<del></del>	<b>8</b>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter the name of the new
		and the second s
Name of New Registered Agent:		and the same and t
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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
RM	Elerick, Gary C	1815 Gladys Street Largo FL 33774	Add Remove
			Add Remove
			Add Remove
	·		Add
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessar	ny.)
			n n
			MAR 31 HASSFF
Dated 2	8 March 1, 1,201		ILED 31 PH B. 29 BY STATE
	/ SOTT G.	or authorized representative of a member  Or printed name of signee	

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Filing Fee: \$25.00