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2008 APR 28 AM II: 19
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

APR 29 2008

EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	LASER B.	RIGHT USA, Lited Liability Company)	LC		
	(Name of Lim	ited Liability Company)			
				·	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	JTE	(Name of Person)			
	laser 1	WHITE USA 7	Inc,		
		(Address) (City/State and Zip Code)		200	
		(Address)	P.	AP T	1
	Alvin, To	27511	HAS	R 28 AMI	های دستونی
		(City/State and Zip Code)		10 = 1	1
For further information	concerning this matter, please of	all:		2008 APR 28 AM II: 19 SECRETARY DE STATE	Prod
17 0	of Preson)	at (\SZ, 9ZZ // (Area Code & Daytime T	1696	Dr. O	
(Name	of Person)	(Area Code & Daytime T	'elephone 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 Statu Certified Copy (additional copy is		,
MATI	INC ADDRESS	STREET/COUDIER	ANNDESS		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laser BR	GHT USA, LLC	2_
(Name of the Limited Li (A F	iability Company as it now appears on lorida Limited Liability Company)	our records,)
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on <u>04</u> 33677	102/08 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the		110
Laser Brz The new name must be distinguishable and end with t "L.L.C."		DE APE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our ce address here:	records, enter the hame of the new
Name of New Registered Agent:		ORIDA
New Registered Office Address:	(Enter	Florida street address)
	(City)	, Florida (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

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Filing Fee: \$25.00