*113000100876

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SEURLTARY OF STATE TALLAHASSEE, FLORIDA

EXAMPLE DEC - 5 2014

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	LASER TI	ECHNOLOGY MANUF	FACTURING & SUPPORT,	LLC
SUBJECT:		Name of Limi	ted Liability Company	.
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		Juan S Ceballos		
			Name of Person	
		LASER TECHNOLO	GY MANUFACTURING &	SUPPORT, LI
			Firm/Company	
		2140 SW 3RD AVEN	NUE 6B	
			Address	
		MIAMI, FL 33129		
			City/State and Zip Code	
		sebastian@lasertech E-mail address: (t	 ms.com o be used for future annual report notif 	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
Juan S C	eballos		561 309-8711	
	Name of	Person	Area Code Daytimo	Telephone Number
Enclosed is a	check for the	following amount:		•
□ \$25.00 F	iling 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:

TO:

Registration Section

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

FI	LED
יכ איטאידיי	7 -
SEURE FARY LLAHASSEL	OF STATE FLORIS

LASER TECHNOLOGY MANUFACTURING & SUPPORT, LLC

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

Florida document number L13000100876 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TECHNOLASER.LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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

, Florida

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		FILED	
<u>Title</u> -	<u>Name</u>	Address	FILED 2014 NOV 20 PM 1:50	Type of Action
	N/A		SECRETARY OF STATE TALLAHASSEE, FLORIDA	Add
				Remove
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ne effective date must be specific, cannot be prior to date of receipt or filed date and cannue date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
ne effective date must be specific, cannot be prior to date of receipt or filed date and cannue date this document is filed by the Florida Department of State) November 14 2014	(optional) ot be more than 90 days after
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State) November 14 Signature of a member or authorized representation.	ot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

