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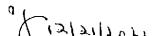
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COVER LETTER .

Tallahassee, FL 32314

TO:	Registration Se Division of Co						
		ser By Maribel					
SUBJEC	T:Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Maribel Delgado					
			Name of Person				
		Always Laser by Maribell	, LLC				
			Firm/Company				
13550 SW 120th Street suite#518							
	Address						
		Miami/Florida 33196					
		City/State and Zip Code					
		laserbymaribel@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	er information c	concerning this matter, please c		on reacony			
Maribel	Delgado		786 234-5896				
	Name o	of Person	Area Code Days	ime Telephone Number			
Enclosed	l is a check for the	he 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 Addres		Street Address:	v			
	Registration ! Division of C		Registration S Division of C				
	P.O. Roy 633		The Centre of	<u>=</u> '			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT -3 PM 5: 36

Always Laser by Maribel, LLC (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 $\underline{03/21/2017}$ and assigned Florida document number L17000064618 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gentle Zap Laser, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 __ Cav

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

· AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
			Change
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ffect	ive date, if other than the date of filing: (optional)
`an eff <u>{ote:</u>	The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them,'s effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	·
	1 4
	1107 J
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00