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(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	: #)
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(Do	cument Number)	
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COVER LETTER

	ision of Cor				
SUBJECT:	Lazer Aviat	tion, LLC			
Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
	·	Steven W. Conner			
			Name of Person		
		Conner Hubbard & Compa	any, LLC		
			Firm/Company		
		1106 Park Avenue			
			Address		
		Orange Park, Florida 3207	3		
			City/State and Zip Code		
		charnold2700@gmail.com			
		E-mail address: (to be used for future annual report notifi	ication)	
For further in	nformation co	oncerning this matter, please c	all:		
Steven W. C	Conner	_	904 278-1040 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	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

LAZER AVIATION, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000087213	were filed on April 19, 2017	and assigned
Florida document number		
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	, -
Enter new principal offices address, if applicable:	1106 Park Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Orange Park, FL 32073	1
		-o . l
		- T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered of	ffice address on our records or	ntou the warre of the warr
registered agent and/or the new registered office address her		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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

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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
· 			
			Remove
			☐ Change
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Effect	ve date, if other than the date of filing:	(optional)
Note:	If the date inserted in this block does not meet the applicable statutory filing require	ements, this date will not be listed as
docun	ent's effective date on the Department of State's records.	
		40.04
ne re The	ord specifies a delayed effective date, but not an effective time, at 90th day after the record is filed. /	t 12:01 a.m. on the earlier of
	$\mathcal{M}_{\alpha 1 2} / 2 2 17$	
Dated	1114 21 0011,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00