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January 24, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

M. A START, LLC 304 INDIAN TRACE #901 WESTON, FL 33326

SUBJECT: M. A START, LLC

REF: L18000070386

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE COMPLETE DATE OF SIGNING AND ADD THE NAME OF THE PERSON SIGNING ON PAGE 3 OF 3 OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

FAX Aud. #: H20000026260 Darlene Connell

Regulatory Specialist II Supervisor Letter Number: 120A00001783

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

M. A START, LLC (Name of the Limited Liabit (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>(r</u>)	
The Articles of Organization for this Limited Liability (Company were filed on 03/20/2013	and a	ssigned
Florida document number L18000070386	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
THE LASER STUDIO LLC		and the second s	
The new name must be distinguishable and contain the words "Liz	mited Liability Company," the designation "LLC	" or the abbreviation "	L.IC.
Enter new principal offices address, if applicable:		**************************************	
Principal office address MUST BE A STREET ADD	RESS)		
	16 77		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		2021	
		JA	أستسم
B. If amending the registered agent and/or register	ed office address on our records, enter	r the name of the n	iew, register
gent and/or the new registered office address here:	:	· α	
			11
Name of New Registered Agent:		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addre		
	r	Torida	
	F		

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

Title	<u>Name</u>	Address	Type of Action
			DAdd
			□Rernove
			□Change
			□Remove
			□Change
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		mand on the behalf of the speed of the second of the secon	□Remove
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	-		□Remove
			Change

Typed or prioted came of signee Page 3 of 3

Maria Alejandra Napp