

L19000141537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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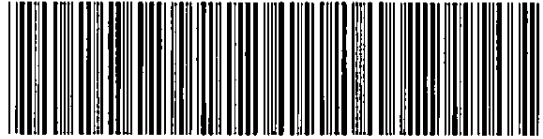
(Business Entity Name)

(Document Number)

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10/19/23--01010--002 **25.00

2023 OCT 19 PM 3:06

dy 10/27/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LASING BARKADA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Zohar, Esq.

Name of Person

Brown, Huff & Zohar, PLLC

Firm/Company

6547 Gunn Hwy

Address

Tampa, FL 33625

City/State and Zip Code

Ashley@BHZLaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Zohar

Name of Person

at (813) 776-0031

Area Code

Daytime Telephone 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 Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 OCT 19 PM 3:06

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

October 12, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ronald P. Vicencio

Typed or printed name of signee

Filing Fee: \$25.00