L19000141537

(Requi	estor's Name)	
(Addre	ess)	·
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(City/S	itate/Zip/Phon	e #)
PICK-UP	WAIT	MAiL
(Busin	ess Entity Na	me)
(Docur	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	
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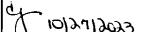
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COVER LETTER

TO: Registration S Division of Co		•	. :
SUBJECT: LASING	BARKADA, LLC		
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ashley Zohar, Esq.		
		Name of Person	
	Brown, Huff & Zohar, PL		
		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 noti	fication)
For further information	concerning this matter, please c	·	
Ashley Zohar		at (813) 776-0031	
Name o	of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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 Addre		Street Address:	
Registration Division of O		Registration Sec Division of Cor	
P.O. Box 63.		The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 19 PH 3: 06

LASING BARKADA, LLC

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

	• • •	1 C 1 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C
The Articles of Organization for this Limited Liability Company	were filed on 05/28/2019	and assigned
Florida document number L19000141537		
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 Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15408 CARROLLTON LANE	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33624	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	ne name of the new registere
New Registered Office Address:	Enter Florida street address	
	121	
	, Flor	10a
	•	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	·	,

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>	Name	<u>Address</u>	Type of Action
MGR CRUZ, EVARISTO N	3013 W. ASBURY PL	□Add	
	TAMPA, FL 33611	■Remove	
		□Change	
		□Add	
			Remove
			□Change
	.	□Remove	
			□Change
			🗀 Add
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(If an effe	ce date, if other than the date of filing:
	and we have date of the perfect of t
he record ord is file	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 d.
Dated _	October 12 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00