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(Requestor's Name)
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(City/State/Zip/Phone #)
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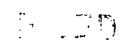
	gistration Se vision of Cor		•			
SID IPCT.		ecision Laser LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	ı all correspo	ndence concerning this matter	to the following:			
		Ryan Barnett				
Name of Person Pinellas Precision Laser LLC						
		Firm/Company				
4185 35th Street North						
		Address				
		ST Petersburg, FL 33714				
		City/State and Zip Code				
		rbarnett@vettedsolution.co				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	ntormation co	oncerning this matter, please ca	all:			
Nicole Mich	naels		727 688-5354 at ()_			
	Name o	l'Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	e 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



Pinellas Precision Laser LLC

2019 AUG 30 PH 2: 02

(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 ______ and assigned Florida document number ______. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida ____

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Russell Klingensmith	4185 35th Street North St Petersburg, FL 33714	Add
			□ Remove
		 	Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
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			Add
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			☐ Change

Effective date if other than the date of filing: (ontianal)
Effective date, if other than the date of filing:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
August 27, 2019 Signature of a member of authorized representative of a member Ryan Barnett
Signature of a member of authorized representative of a member
Ryan Barnett Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00