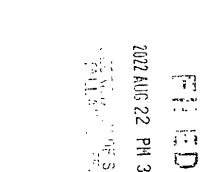
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section Division of Corporations

OR THE EAST CORES	OJECTION. LLC	•					
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Stuart A. Lones, Esq.						
		Name of Person					
	Ferdie and Lones, Chartere	ed					
		Firm/Company					
	717 Ponce de Leon Blvd	Suite 227					
	Address						
	Coral Gables, Florida 331,	34					
		City/State and Zip Code					
	Stuart@ferdieandlones.com						
	E-mail address: (to be used for future annual report notif	fication)				
For further information c	oncerning this matter, please c	all:					
Stuart A. Lones. Esq.		305 445-3557 at ()					
Name o	l Person	at () Area Code Daytime	e Telephone Number				
Enclosed is a check for the	ne 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 Addres Registration 9		Street Address: Registration Sec	etion				
Division of C	Corporations	Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 30

LASER PROJECTION, LLC

2022 AUG 22 PM 3: 32

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) vecres, it The Articles of Organization for this Limited Liability Company were filed on December 4, 2019 and assigned Florida document number _____L19000296645 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: McSafety, LLC 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____. Florida _ City

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
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			⊡Remove
			□Change
			□.Add
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record spirits filed	specifies a delay	yed effective (date, but not	Lan effectiv	ze time, at 1	2:01 a.m. or	the earlier	of: (b) The	e 90th day of	ter th
Αι	ugust 18			2022						
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nted	Mark Funner		_							

Filing Fee: \$25.00