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TO: Registration S Division of Co					
Laser Fire	68W LLC				
SUBJECT:	Name of Lim	nited Liability Company			
•	,	• O	`.		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Lawne Snyder				
		Name of Person		_	
	Laser Fire 68W LLC				
		Firm/Company	· · · ·	_	
	12764 Flatwood Creek Dr			20	
		Address	-	2020 NUG	
	Gibsonton, FL 33534		· · · · · · · · · · · · · · · · · · ·	JG 28	
	snydes26799@gmail.com	City/State and Zip Code		mg I	
	E-mail address: (to be used for future annual report notifi	cation)	2: 29 STATE FLURID	
For further information of	concerning this matter, please co	all:		Dm 9	
Lawne Snyder		719 424-9054 at ()			
Name o	of Person		Telephone Numbe	r	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sectorision of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	310	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laser Fire 68W LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number L20000246012	e filed on August 12, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
Live Fire 68W LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	77.00
Principal office address MUST BE A STREET ADDRESS)	LC 20 F
	85.E
Enter new mailing address, if applicable:	Fig. P. III
Mailing address MAY BE A POST OFFICE BOX)	2: 1 LOTA
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-	
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	ess on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	truet t tottaa Street aaatess
 	Florida
(in: Zin Code

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>	Name	Address	Type of Action
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			□Remove
			Change
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an effective date is listed, the date mus	t be specific and	l cannot be pri	or to date of file	ing or more than	90 days afte	r filing.) l	Pursuant i	to 605.020
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record specifies a delayed effectiv	date, but not	an effective	time, at 12:0	1 a.m. on the e	arlier of: (t) The	90th day	after the
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