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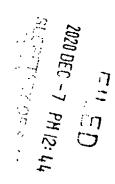
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LA-1/15/21

## **COVER LETTER**

TO: Registration Se Division of Co			
subject:E	mber Laser De	esian LLC 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:	
	Katie	Cualtien Name of Person	
	Ember La	ser Design Finn/Company	
	4626 Sca	rlet Drive E Address	
		FL 32539 City/State and Zip Code	
	<u>Ember lase</u> E-mail address: (	er design @ gma;	(1.com
For further information of	concerning this matter, please co		
Katie L Gu	ualtien of Person	at ( <u>785</u> ) <u>410 - 5</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
<b>\$ \$25.00</b> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ember Loser Design 110

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)					
The Articles of Organization for this Limited Liability Company were filed on October 16,2020 and assigned Florida document number 1–2000328485						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability compan	ny here:					
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation L.L.C."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
<del></del>	2 R D					
Enter new mailing address, if applicable:	· <del></del>					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, enter the name of the new registere					
Name of New Registered Agent:						
New Registered Office Address:	r Florida street address					
Eate	. Florida					

## 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

Zip Code

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
AMBR	Charles A Gualtieri	4626 Scarlet Drive E	□Add
		Cestview, FL 32539	Remove
			□Change
			□ Add
			Remove
			□Change
<del></del>	-7		□ Add
			□Remove
		**********	□Change
			□ Add
			□Remove
			□Change
	<del></del>		□ Add
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Note:	ve date, if other than the date of filing:
the record cord is file	t 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 ed.
Dated_	December 2 2080
	Signature of a member or authorized representative of a member  Katie Lynn Gualtien  Typed or printed name of signee
	Katie Lynn Gualtien

Filing Fee: \$25.00