L22000440179

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Social Instructions to Filing Officer | | | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

| Division of Cor | porations | | |
|-----------------------------|---|---|---|
| SUBJECT: BIC | ICK Barn a | and Co, LLC ited Liability Company | |
| | Name of Em | need Frankley Company | |
| The enclosed Articles of a | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | | | |
| | AICX | | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 3204 G | eneva Circie | <u>.</u> |
| | | Address | |
| | Plant Cit | City/State and Zip Code | 3 |
| | ICI SCY QUE E-mail suddress: (| to be used for future annual report notif | amail.com |
| For further information co | oncerning this matter, please ca | all: | |
| PICX SO | ncheZ | at (<u>\$13</u>) <u>72.0</u> Area Code Daytimo | 5656 |
| Name of | Person | Area Code Daytimo | e Telephone Number |
| | a.u | | |
| Enclosed is a check for th | _ | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

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Registration Section

TO:

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

| | mpany as it now appears on our records.) ited Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000440179</u> | any were filed on $10/12/2022$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited l | liability company here: |
| Laser Girl Creations The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" or the abbreviation "LL.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 2 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2028 OC SECRE TALL A |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, enter the name of the new registered |
| Name of New Registered Agent: | <u> </u> |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip 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 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 |
|--------------|-------------|-------------|----------------|
| | | | □Add |
| | | | □Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Dated Signature of a member or authorized representative of a member

Ale X. Sanchez

Typed or printed name of signee