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DATE: 4/21/2023

NAME: LASER X LLC

TYPE OF FILING: AMENDMENT

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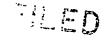
AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Se Division of Cor			
LASER X	LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The analoged Articles of	Amendment and fee(s) are sub-	unitted for filing	
	ondence concerning this matter		
r lease return an correspo	indence concerning this matter	to the tonowing.	
	George C Pedersen		
		Name of Person	
		Firm/Company	
	8761 S.W. 220 ST		
		Address	
	MIAMI FL 33190		
		City/State and Zip Code	
	chrispedersen@hotmail.com E-mail address:	n to be used for future annual report no	ntification)
For further information of	oncerning this matter, please c	all:	
George C Pedersen		305 297-7684	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Address Registration S		Street Address: Registration S	ection
Division of C	lorporations	Division of Co The Centre of	orporations
P.O. Box 632 Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 / R 21 PM 12: 32 LASER X LLC (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  $\frac{03/03/2023}{2}$ and assigned Florida document number \_\_\_\_\_L23000112444 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 "L.L.C." or the abbreviation "L.L.C." 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: George C Pedersen Name of New Registered Agent: 8761 S.W. 220 ST 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.

Circ

Miami



\_, Florida 33190 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>	<u>Name</u>	Address	Type of Action
MGR	George C Pedersen	8761 S.W. 220 ST	<b>=</b> Add
		Miami FL 33190	□Remove
			□Change
MGR	G C Pedersen	8761 S.W. 220 ST	□Add
		Miami FL 33190	≡ Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the date of filing: neffective date is listed, the date must be specific and cannot be	pe prior to da	te of filing or r	nore than 90 day	s after filing.) P	ursuant to 6	05.0207
te: If the date inserted in this block does not meet the a cument's effective date on the Department of State's rec		statutory filir	ig requirement	s, this date wi	II not be li	isted as
ecord specifies a delayed effective date, but not an effect	ctive time,	at 12:01 a.m.	on the earlier	of: (b) The S	)0th day af	fter the
is filed.						
4/20/2023 4/20/	/2023					
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