L23000112444

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2023 APR -3 PH 1: 2

COVER LETTER

TO: Re			COVEREETTER					
	gistration So vision of Co							
SUBJECT:	LASER X	LASER X LLC						
oomet.	` -	Name of Li	nited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are su	bmitted for filing.					
Please return	n all correspo	ondence concerning this matte	r to the following:					
		George C Pedersen						
			Name of Person					
			Firm/Company					
		8761 S.W. 220 ST						
			Address					
		MIAMI FL 33190	_					
		chrispedersen@hotmail.co	City/State and Zip Code					
		E-mail address:	to be used for future annual report noti	fication)	· ~			
For further in	nformation co	oncerning this matter, please o	all:		ZOZ3 APR			
George C Pe	edersen		305 297-7684		APR.			
	Name of	Person		c Telephone Number	,			
Enclosed is a	check for th	e following amount:			PH 1:26			
■ \$ 25.00 F	Filing Fee	S30.00 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)	NIE			
	lling Address		Street Address:					

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

LASER X LLC				
(Name of the Lin	nited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)		
The Articles of Organization for this Limited	Liability Company were fil	ed on 03/03/2023	and assigned	
Florida document number L23000112444	<u> </u>		·	
This amendment is submitted to amend the fo	Howing:			
A. If amending name, enter the new name	of the limited liability con	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:			_
(Principal office address MUST BE A STRE	ET ADDRESS)			•
				-
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address ess here:	on our records, <u>enter the i</u>	name of the new register	20
Name of New Registered Agent:	George C Pedersen			. ω
New Registered Office Address:	8761 S.W. 220 ST			
		Enter Florida street address		72 · 2
	Miami	Florida	33190	in 6
	City		Zin Cada	

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

Title	<u>Namę</u>	Address	Type of Action
MGR	George C Pedersen	8761 S.W. 220 ST	≣ Add
		Miami FL 33190	□Remove
			□ Change
MGR	G C Pedersen	8761 S.W. 220 ST	□Add
		Miami FL 33190	≅Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			<u> </u>
			DAdd
			□Remove
			Change
			□Add
		·	□Remove
			□Change

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Effective date, if other than the date of filing: (optional) (on effective date, if other than the date of filing: (optional) (on 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 locument's effective date on the Department of State's records. Precord 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 dis filed.	_		
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D.

Filing Fee: \$25.00

Typed or printed name of signee