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COVER LETTER

	ration Section n of Corporations	
SUBJECT:	The Laser Touch LLC Name of Limited Liability Company	
The enclosed	rticles of Amendment and fee(s) are submitted for filing.	
Please return	correspondence concerning this matter to the following:	
	Javier O. Arroya Vargas Name of Person The laser Touch 1-60 Firm/Company	2024FEB -2 SECRETARY
	172 Larchmout drive Address	PH 2:49
	City/State and Zip Code	
	Selsona Floride 32738 City/State and Zip Code [Melaser-ouch 2023 @ 9 Muil. Com E-mail address: (to be used for future Annual report notification)	
For further in	rmation concerning this matter, please call:	
_30	Name of Person at (\$13) 495-0712 Area Code Daytime Telephone Number	
Enclosed is a	eck for the following amount:	
□ \$25.00 F	Certificate of Status Certified Copy Certifical (additional copy is enclosed) Certified	te of Status &
	g Address: Street Address: tration Section Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Division of Corporations
The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Laser Touch Limite	of Liability Company
(Name of the Limited Liability C	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Complex document number 423000434152.	pany were filed on <u>09/18/2023</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
	3.5 3.5
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 ADDRES	<u>(S)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
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 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>	<u>Name</u>	Address	Type of Action
AMBB	Javier O. Hrmys Vargas	172 Larchmont Drive Delsona fl. 32738	_ XAdd
	,	Delsone FL. 32738	
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ective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0
	cable statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective to filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed January 24th, 2024	<u>#</u>

Typed or printed name of signee