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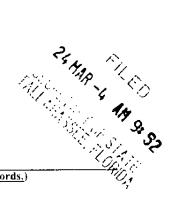
COVER LETTER

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CHDIEC		ST LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Registration Section Division of Corporations LASER FAST LLC SubJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VICTORIA PRIETO MORAES Name of Person ASSELFIS INTERNATIONAL LLC Firm/Company 7657 GOLF CHANNEL DR Address ORLANDO, FL. 32819 City/State and Zip Code INFO@ASSELFIS.COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: VICTORIA PRIETO MORAES Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Selectory of Filing Fee Certificate of Status Certified Copy (radditional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallalhassee, FL 32314 Zeroel Tallahassee Tallalhassee, FL 32314 Tallalhassee, FL 32314 Tallalhassee, FL 32314 Tallahassee, FL 32314				
		VICTORIA PRIETO MOI	RAES	
			Name of Person	
		ASSELFIS INTERNATIO	NAL LLC	
	Division of Carporations LASER FAST LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: VICTORIA PRIETO MORAES Name of Person ASSELFIS INTERNATIONAL LLC Firm/Company 7657 GOLF CHANNEL DR Address ORLANDO, FL. 32819 City/State and Zip Code INFO@ASSELFIS.COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: CTORIA PRIETO MORAES Name of Person ATAG Ata Code Daytime Telephone Number closed is a check for the following amount: 1 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
			Address	
		ORLANDO, FL. 32819		
			City/State and Zip Code	
				tification)
For furthe	r information c	oncerning this matter, please co	all:	
VICTORI	IA PRIETO MO	DRAES		
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	-	VICTORIA PRIETO MORAES Name of Person ASSELFIS INTERNATIONAL LLC Firm/Company 7657 GOLF CHANNEL DR Address ORLANDO, FL. 32819 City/State and Zip Code INFO@ASSELFIS.COM E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: ATETO MORAES Name of Person The State of Status Certificate of Status Certificate of Status & Certificat Copy (additional copy is enclosed) AGE Address: Registration Section ion of Corporations BOX 6327 The Centre of Tallahassee		
F	P.O. Box 632	7		
1	lattahassee, F	L 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LASER FAST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L23000441766	vere filed on	and assigned
Tiorida document natitoei		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
LF FRANCHISE LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address		
New Registered Office Address:	Enter Florida street a	ldress
New Registered Office Address:		
New Registered Office Address:		. FloridaZip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:		

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
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42 24 24

Effective date, if other than the date of filing: O2/28/2024 (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the dis filed. Dated FEBRUARY 28 2024 Signature of a member or authorized representative of a member	CHANGE THE ACTIVITY FR	OM FRANCHISE	_ .		
Effective date, if other than the date of filing: [1] 1					
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Signature of a member or authorized representative of a member	rated FEBRUARY 28	2024	. •		
Signature of a member or authorized representative of a member					
Signature of a member or authorized representative of a member	Six				
	Si	mature of a member or authoriz	ed representative of a men	nber	
VICTORIA PRIETO MORAES - and representative of a mombel		The state of the s	name of signee		

Filing Fee: \$25.00