(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	· _
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAZERART, INC.	
DOCUMENT NUMBER: P14000007408	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
MOUFID M METHENNI	
LAZERART, INC.	Name of Contact Person
LAZERART, INC.	
	Firm/ Company
10750 NE 60th St.	
	Address
Bronson, FL 32621	
	City/ State and Zip Code
lazerart@yahoo.com	
- -	d for future annual report notification)
is than address (to be use	a rot raction distinution report notification,
For further information concerning this matter, please	call:
MOUFID M METHENNI	at (321) 251-0690 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\sum \text{\$\text{\$\text{Certificate of Status}}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED SECRETARY OF STATE TALL AHASSES, FLORIDA

Articles of Amendment to Articles of Incorporation of

15 AUG 17 PM 2: 34

LAZERART, INC.	•	
(Name	of Corporation as currently	filed with the Florida Dept. of State)
P14000007408		·
. or	(Document Number of	Corporation (if known)
	1006, Florida Statutes, this F	Clorida Profit Corparation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company;" or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	10750 NE 60TH ST _
(Principal office address MUST BE A S		
		BRONSON, FL 32621-8655
C. Enter new mailing address, if appli (Mailing address MAY BE A POST	<u>cable:</u> OFFICE BOX)	10750 NE 60TH ST
		BRONSON, FL 32621-8655
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addre	ss in Florida, enter the name of the
Name of New Registered Agent	MOUFID M METHENNI	
	10750 NE 607H ST	
	(Florida stree	u address)
New Registered Office Address:	BRONSON	Florida 32621-8655
, .	(0	City) (Zip Code)
New Registered Agent's Signature, if c	hanging Residented Agents	
		ith and accept the obligations of the position.
	Signature of North Re	el beaux / gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
l) X Change	P	MOUFID M METHENNI	10750 NE 60TH ST	-
Add			DRONGON EL 22/21	-
Remove			BRONSON, FL 32621	-
2) Change		_		-
Add				_
Remove				_
3) Change				- =
Add			5 AUG	ECR
Remove			J6 1 7	ETAR ETAR
4) Change			P =	
Add			<u></u>	STAT
Remove				10A -
5) Change				_
Add				_
Remove				_
6) Change				_
Add				_
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
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E. Hannamandar at an ide 6.	P	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	2: 34	- S - S - S
(if not applicable, indicate N/A)	34	AGIN ATTE
N/A		
		_
		_
		_

The date of each amendment date this document was signed.		If other than the
Effective date if applicable:	07/31/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date were Department of State's records.	viil not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	·
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	7500
by	(voting group)	15 I
-	(voting group)	AUG CREST
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	コ られて (25)
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	PH 2:3
08/03	/2015	F Dri
Dated	Tou fus' Reference of	
sc	y a director, president or other officer - if directors or officers have not been lected, by an incorporator - if it the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
•	MOUFID M METHENNI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	