## P19 000006549

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	,	
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2022 FEB 22 AMII: 50
SECRE LARY OF STATE
TALLAHASSEE, FL

cf 2/28/2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: LASER CODE CO	ORP	
	BER: P19000068549		
Γhe enclosed <i>Articles</i>	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ALIAN FERNANDEZ		
		Name of Contact Person	1
		Firm/ Company	
	10521 SW 158TH COURT,	APT 106	
		Address	
	MIAMI, FL 33196		
		City/ State and Zip Code	e
	ALICFM62@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
ALIAN FERNANDE		at ( <sup>305</sup>	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

LASER CODE CORP			2022 FEB 22 AL	<del>111:50</del>
( <u>Name</u>	of Corporation as currently filed	with the Florida	a Dept. of State)	111.20
P19000068549			SECKETT RIGHT TALLAHASSE	STATE
	(Document Number of Corpo	oration (if known	) <del>MEE/M/400E</del>	t, fL
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida</i>	ı Profit Corpora	tion adopts the following	ng amendment(s)
A. If amending name, enter the new n	name of the corporation:			
A & A MEDIA CREATIONS INC				Th
name must be distinguishable and contain "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co". A profe			
B. Enter new principal office address, (Principal office address MUST BE A S				
			<u>.</u>	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
D. If amending the registered agent an new registered agent and/or the ne		Florida, enter tl	ne name of the	
Name of New Registered Agent				_
	(Florida street addr	ess)		_
New Registered Office Address:	10521 SW 158TH CT, APT 106 N	MIAMI,	, Florida 33196	
	(City)		(Zip )	Code)
<u>New Registered Office Address:</u> New Registered Agent's Signature, if o	10521 SW 158TH CT, APT 106 N (City)		, Florida	Code
hereby accept the appointment as regis		d accept the oblis	gations of the position.	
	Signature of New Registere	ed Agent if chan		_
	ingimiare of their negitiere	.a rigem, y enung	5***\$	

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	_	ARLEIVYS BON FERNANDEZ	10521 SW 158TH CT, APT 106
X Add				MIAMI, FL 33196
Remove				
2) X Change	VP	_	ALIAN FERNANDEZ	10521 SW 158TH CT, APT 106
Add				MIAMI, FL 33196
Remove 3) Change		<del>_</del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<u>.                                    </u>		<del> </del>	
Add				<del></del>
Remove				
6) Change	<del></del>	_		
Add				

	(Be specific)
,	
<del></del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an and an and an
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

.. .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	der action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	idment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided 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	
by	
by	
Dated 02-16-2022	
Signature Opon	
(By a director, president or other officer – if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	ner court
ARLEIVYS BON FERNANDEZ	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)