

121 0000 88794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

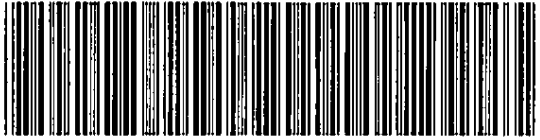
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200370975552

08/04/21--01014--022 **\$0.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG -4 AM 10:20

FILED

BRUCE
AUG 15 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Queens Raising Queens LLC
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:

Carrea Clark
Name of Person

Queens Raising Queens LLC
Firm/Company

3146 Marland St.
Address

Jacksonville FL 32209
City/State and Zip Code

Queens Raising Queens 21@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrea Clark at (904) 762-6782
Name of Person Area Code Daytime Telephone Number

2021 AUG -4 AM 10:20

FILED

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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)

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

Street Address:
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**

Queens Raising Queens LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2-22-21 and assigned Florida document number L21000088784.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2021 AUG -14 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____,

Florida

_____,
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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Vintage Clark	3146 Marland St. APT 202	<input type="checkbox"/> Add
		Jacksonville FL 32209	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carsun Clark Hogans	3146 Marland St. APT 202	<input type="checkbox"/> Add
		Jacksonville FL 32209	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carrea Clark	3146 Marland St. APT 202	<input type="checkbox"/> Add
		Jacksonville FL 32209	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

2014
 AUG 14
 4:00:20
 FILED
 SEVEN
 WILLIAMSON COUNTY
 CLERK
 JEFFREY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Carrea Clark is being changed to 100% owner and the only authorized member. The correct mailing address is 3146 Marland St. Jacksonville FL 32209. There's no apartment number.

2021 AUG - 16 AM 10:20
REGISTRATION SERVICE
TALLAHASSEE FL

FILED

E. Effective date, if other than the date of filing: ~~2021~~ ~~7~~ ~~16~~ ~~2021~~ c.c. (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 605.0207 (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 document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 16, 2021.

Carrea Clark

Signature of a member or authorized representative of a member

Carrea Clark