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T. MATTHEWS FEB 2 4 2022

COVER LETTER

Division of Cor			
Qveens&K SUBJECT:	ings Boutique LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kelondra Speed		
		Name of Person	
	Qveens&Kings Boutique	LLC	
		Firm/Company	
	1330 Fairbanks st		
		Address	
	Lakleand FL, 33805		
	dlgs0716@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Kelondra Speed		863 370-5865	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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		Straat Address	

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

Qveens&Kings Boutique LLC				
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears on cliability Company)	ur records.)	
The Articles of Organization for this Limited L	ability Company	were filed on $\frac{01/06/20}{}$	and assigne	rd .
Florida document number 1.22000014234	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
DLG'S LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."	•
Enter new principal offices address, if applic	able:	1330 Fairbanks st Lal	keland FL 33805	
(Principal office address MUST BE A STREE	T.ADDRESS)			
		*-		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or r		ddress on our record	s, enter the name of the new reg	gistered
agent and/or the new registered office addres	s here:			
Name of New Registered Agent:	Kelondra Speed			
New Registered Office Address:	1330 Fairbanks	ST		
		Emer Florida str	eet address	
	Lakeland		Florida _33805	
		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

M Special

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

or remove	d from our records:		
MGR = 3 $AMBR = 3$	Manager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
u		.	□Add
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Effective date, if other than the date if an effective date is listed, the date must be sometimes. If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed a
e record specifies a delayed effective dat d is filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	1:06 pm
	To Speed
Sign	nature of a member or authorized representative of a member

Filing Fee: \$25.00